MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

UC686

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D. C. COUNTY: -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) LENGTH OF STAY (in this place): 2 yrs., 14 /days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 5356 Ames Street, N. E. ✓

3. NAME OF DECEASED (Type or Print)	(First) EDWARD	(Middle)	(Last) ALFORD	4. DATE OF DEATH	(Month) Jan (Day) 1st (Year) 1950
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Separated	8. DATE OF BIRTH: 1/28/1919	9. AGE last birthday: 30 yrs.	If under 1 year: Months - Days - If under 24 hrs.: Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer	10b. KIND OF BUSINESS OR INDUSTRY: -	11. BIRTHPLACE (State or foreign country): Norfolk, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Edward Alford		14. MOTHER'S MAIDEN NAME: Bessie Wiggins			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If year, give war or dates of service) -	16. SOCIAL SECURITY No.: 247-26-4299	17. INFORMANT AND ADDRESS: Decedent		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 X Immediate cause	(a) Pulmonary Tuberculosis	Two years
13 b Antecedent cause(s)		seven months
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 18th, 1947, to Jan 1st, 1950, that I last saw the deceased alive on Dec. 31, 1949, and that death occurred at 1:00 A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinicane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	1/1/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)	DATE 1/1/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 1/2/50	REGISTRAR'S SIGNATURE Nice Weiss	24. FUNERAL DIRECTOR Nelson E. Bush	ADDRESS

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince Georges

City or town: Clinton, Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 30 years

Hospital, Institution, or street address where death occurred: none - Except Clinton, Md.

How long in hospital or institution? none

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Clinton, Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. R#1 Box 19

(If rural, give LOCATION)

2.(a) If veteran, name war: no

3. (a) FULL NAME: Alfred Orpington Allen

3. (b) Social Security Number: no

4. Sex: M

5. Color or race: W

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Anna Mary Allen

6.(c) If alive, give age: 64 years

7. Birth date of deceased (mo., day, yr.): Dec 23 1869

8. AGE: Years: 80 | Months: | Days: | If less than one day: ..... hrs. ..... min.

9. Birthplace: Prince Georges County near Clinton Maryland (Town, county, and state)

10. Usual occupation: Farmer (Retired)

11. Industry or business: Rented Farms

FATHER

12. Name: Frank L. Allen

13. Birthplace: Maryland

MOTHER

14. Maiden name: Frances Biggs

15. Birthplace: Maryland

16. Informant: Anna Mary Allen (Wife)

Address: Clinton, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Feb. 1, 1950 (month) (day) (year)

Cemetery or crematory: Washington National

Location: Suitland Maryland

18. Funeral director: W. W. Chambers Co.

Address: 517 - 11th St. S.E. Wash. D.C.

19. Jan 30 1950 (Date rec'd by registrar) Carrie F. Campbell (Registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 29 1950, at 3:10 p.m.

21. I CERTIFY that death occurred on the date above stated, that I attended deceased from August 1, 1949, to Jan 29 1950 and that I last saw him alive on Jan 28 1950

Immediate cause of death: Acute Cardiac Decompensation — DURATION: 1 day

Due to: Cardiovascular Renal disease — unknown

Due to: —

Other conditions: Hypertrophy of Prostate — unknown

(Include pregnancy within 3 months of death)

442X

Major findings of operations: —

131b Date of op. —

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE: Paul C Van Kalth M. D. ~~or other~~

Address: Washington 19 DC Date signed: Jan 29 1950.

VS A15 9-45-15M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06685

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A151

1. PLACE OF DEATH — COUNTY: Prince Georges (Rural) MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural); LENGTH OF STAY (in this place): 1 yr. 2 mo. and 18 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. COUNTY: —; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington,; STREET ADDRESS (If rural, give location): 3210 17th St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) CLAUDE (Middle) T (Last) ALLEN

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/7/1903

9. AGE last birthday: 46 yrs. If under 1 year: Months — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): State of Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George T. Allen

14. MOTHER'S MAIDEN NAME: Rosa C. Critzer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: 243-07-7263

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 1 yr 6 mos

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/25, 1949, to 1/12, 1950, that I last saw the deceased alive on 1/12, 1950, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 1/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE: 1/14/50 | NAME OF CEMETERY OR CREMATORY: Flint Hill | LOCATION (City, town, or county) (State): Oakton Va.

DATE REC'D BY LOCAL REG. 1/13/50 | REGISTRAR'S SIGNATURE: [illegible] | 24. FUNERAL DIRECTOR: Money & King ADDRESS: Vienna Va.

340 V9

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

C6689

Reg. Dist. No. 243

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Glenn Dale (Rural); LENGTH OF STAY (in this place) 2 mos., 15 days; HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C. COUNTY –; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Washington; STREET ADDRESS (If rural, give location) 52 R. St., N. E. ✓

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) H (Last) ALLEN

4. DATE OF DEATH: (Month) 1 (Day) 12 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 2/7/1898

9. AGE last birthday: 51 yrs. If under 1 year: Months –, Days –, If under 24 hrs.: Hours —, Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dining Car Porter

10b. KIND OF BUSINESS OR INDUSTRY: Atlantic Coast-Line Railroad

11. BIRTHPLACE (State or foreign country): Granville, N. Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Allen

14. MOTHER'S MAIDEN NAME: Mildred Garrett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If year, give war or dates of service) –

16. SOCIAL SECURITY No. 719-07-0282

17. INFORMANT AND ADDRESS: Decedent

260

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002K **Immediate cause** (a) Pulmonary tuberculosis — Interval between onset and death: 7 months

Antecedent cause(s)

13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: ____ 19b. MAJOR FINDINGS OF OPERATION: ____ 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): ____ PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): ____ (CITY OR TOWN): ____ (COUNTY): ____ (STATE): ____

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: ____ INJURY OCCURRED While at Work ☐ Not While At work ☐: ____ HOW DID INJURY OCCUR?: ____

22. I hereby certify that I attended the deceased from 10-28, 1949, to 1-12, 1950, that I last saw the deceased alive on 1-12-, 1950, and that death occurred at 8:00 a.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title) M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 1/12/50

23. BURIAL, CREMATION, REMOVAL (Specify) ____ DATE 1/13/50 NAME OF CEMETERY OR CREMATORY ____ LOCATION (City, town, or county) Washington (State) D.C.

DATE REC'D BY LOCAL REG. 1/13/50 REGISTRAR'S SIGNATURE Neal Weiss

24. FUNERAL DIRECTOR: Robert G. McGuire ADDRESS: 1820 9th St. NW

75041 Good

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06690

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (In this place) 5 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 154 Lafayette Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural give location) 154 Lafayette Ave

3. NAME OF DECEASED (Type or Print): (First) Clarence (Middle) Wilson (Last) Anderson
4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Married	2-18-'13	36 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Trucker
10b. KIND OF BUSINESS OR INDUSTRY: Sand & Gravel
11. BIRTHPLACE (State or foreign country): Drone, Va
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George William Anderson
14. MOTHER'S MAIDEN NAME: Jessie Janette Mc Elwee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: Sarah Foster Anderson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage & shock —
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gun shot wound of chest
(c)

976
164 C

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: Home
(CITY OR TOWN) Laurel, Pr. Georges — (COUNTY) — (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) 1-24-50 (Hour) 2:30 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self inflicted wound of chest.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John D. Maloney M.D. Dep. Med. Exam. — Cheverly — Hyattsville, Md. — 1-24-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/26/50
NAME OF CEMETERY OR CREMATORY: Ivy Hill
LOCATION (City, town, or county) (State): Laurel Md

DATE REC'D BY LOCAL REG.: Jan 27-1950
REGISTRAR'S SIGNATURE: M. Brashears
24. FUNERAL DIRECTOR: F. Gaston Sons — ADDRESS: Hyattsville Md

42073

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

00691

Reg. Dist. No. 542

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
LENGTH OF STAY (in this place) 4 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Crandall Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural give location) Crandall Road.

3. NAME OF DECEASED (Type or Print) (First) Sharon (Middle) (Last) Austin
4. DATE OF DEATH (Month) Jan (Day) 5 (Year) 1950
5. SEX Female
6. COLOR OR RACE Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Aug. 12-1949
9. AGE last birthday 4 months | If under 1 year Months | Days | If under 24 hrs. Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) —
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Washington D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Carl Austin
14. MOTHER'S MAIDEN NAME Mary Victoria Coates
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Victoria Coates

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

924.0 Immediate cause (a) Asphyxia

182 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home
(CITY OR TOWN) Lanham - (COUNTY) Pr. Georges, (STATE) Md.
TIME OF INJURY (Month) 1 (Day) 5 (Year) 50 (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Lying in face in bed.

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John D. Maloney, M.D. (Degree or title) Dep. Med Exam. ADDRESS Cheverly - Hyattsville, Md. DATE SIGNED 1-5-50

23. BURIAL, CREMATION, REMOVAL (Specify) DATE THEREOF 6 Jan. 1950 NAME OF CEMETERY OR CREMATORY Edmonsons Funeral Home LOCATION (City, town, or county) Washington, D.C. (State)

DATE REC'D BY LOCAL REG. 1/5/50 REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. ADDRESS

9-R-8-12-9-00-200-R Carrie F. Campbell.

X —

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 12 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS-A15

T

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

60692

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (in this place) 7 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 5108 Crittenden St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) ALICE (Last) BEACH

4. DATE OF DEATH (Month) Jan. (Day) 23 (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Dec. 14, 1882
9. AGE last birthday 67 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Toombs
14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Jame E. Beach

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Insufficiency	?
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Left Ventricular Failure	?
	(c) Hypertensive Cardio-Vascular-Renal Disease	?

420.1
B1a

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct. 18, 1949, to Jan. 23, 1950, that I last saw the deceased alive on Jan. 23, 1950, and that death occurred at 10:15 P m., from the causes and on the date stated above.

SIGNATURE David S. Claymay, M.D. (Degree or title) ADDRESS 6311 Baltimore Ave, Riverdale, Md DATE SIGNED 1/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan. 26, 1950
NAME OF CEMETERY OR CREMATORY Washington National
LOCATION (City, town, or county) Suitland Md. (State)

DATE REC'D BY LOCAL REG. Jan. 24, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severel (Deputy)
24. FUNERAL DIRECTOR J. William Lee's Sons Co.
ADDRESS 300-3 St. N.E. Wash. D.C.

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

06693

1. PLACE OF DEATH — COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): 10 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 1626 Kenilworth Ave N.E.

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) J (Last) Black

4. DATE OF DEATH (Month) Jan (Day) 6 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: April 9 1901
9. AGE last birthday: 48 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Penn
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: ? Black
14. MOTHER'S MAIDEN NAME: Margaret ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT AND ADDRESS: Mary M Black 1626 Kenilworth Ave NE

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

411X Immediate cause (a) Myocardial Infarction, recent, old.

Antecedent cause(s)

92c Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Marked aortic Stenosis c̄ calcification

(c) ~~Hypertensive~~ Rheumatic Heart Disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from....., 19....., to....., 19....., that I last saw the deceased alive on....., 19....., and that death occurred at 7.55 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J Maloney, M.D. Dep. Med. Examiner - Cheverly - Hyattsville, Md 1-7-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1-9-50 — NAME OF CEMETERY OR CREMATORY: Momence — LOCATION (City, town, or county) (State): Momence Ill.

DATE REC'D BY LOCAL REG.: 1-7-50 — REGISTRAR'S SIGNATURE: Amanda Downey — 24. FUNERAL DIRECTOR: W. W. Chambers Co — ADDRESS: 517-11 st Wash DC SE

X

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 10 1950
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00694

Reg. Dist. No. 230

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville Md. LENGTH OF STAY (in this place): 2 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Beltsville Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Montgomery Road

3. NAME OF DECEASED (Type or Print)	(First) Jennie	(Middle) M.	(Last) Bryan	4. DATE OF DEATH	(Month) Jan 4, (Day) 1950 (Year) 19
5. SEX: female	6. COLOR OR RACE: white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single	8. DATE OF BIRTH: 1/6/1861	9. AGE last birthday: 88 yrs.	If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME: James L. Bryan	14. MOTHER'S MAIDEN NAME: Arelia Patterson				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no	16. SOCIAL SECURITY No.: none	17. INFORMANT AND ADDRESS:			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis	Unknown
420.0 Antecedent cause(s)	(b) Arterio-sclerotic Heart Disease	Unknown
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 19..., to 1/4, 1950, that I last saw the deceased alive on 1-4, 1950, and that death occurred at 9 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Wm. Etienne M.D. ADDRESS: College & P.K. Md DATE SIGNED: 1-5-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: Jan 7 1950	NAME OF CEMETERY OR ~~CREMATORY~~: Cambridge	LOCATION (City, town, or county) (State): Cambridge Md
DATE REC'D BY LOCAL REG.: 1/6/50	REGISTRAR'S SIGNATURE: Amanda Downey	24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville Md	ADDRESS

John D. Smith

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06695

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY P. G. George — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham | LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lanham
STREET ADDRESS (If rural, give location) Brown Lane

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) C (Last) CAREY

4. DATE OF DEATH: (Month) 1 (Day) 25 (Year) 1950

5. SEX M | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed | 8. DATE OF BIRTH 6/12/69 | 9. AGE last birthday 80 yrs. | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (State or foreign country) Md. | 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Tom T. Carey | 14. MOTHER'S MAIDEN NAME Shaw

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT Sadie Molineux

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary occlusion — 1 day

420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio-vascular renal disease — 4 yrs.

131a

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION No | 19b. MAJOR FINDINGS OF OPERATION — | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) No | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — | (CITY OR TOWN) — (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 1/23, 1950, to 1/25, 1950, that I last saw the deceased alive on 1/25, 1950, and that death occurred at 6:00 P.M., from the causes and on the date stated above.

SIGNATURE Robt. J. Bosworth (Degree or title) M.D. | ADDRESS 811-8-N.E Wash D.C. | DATE SIGNED 1/25/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify) | DATE THEREOF 1/28/50 | NAME OF CEMETERY OR CREMATORY Ft. Lincoln | LOCATION (City, town, or county) (State) Bladensburg

DATE REC'D BY LOCAL REG. 1-25-50 | REGISTRAR'S SIGNATURE Amanda Downey, Carrie F. Campbell | 24. FUNERAL DIRECTOR Ill Funeral Home — Washington | ADDRESS

Medical Examiner (Dr. J. T. Maloney)
was notified and will approve.
R. J. B.

00696

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County: Prince George

City or town: Huntsville (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 10 yrs.

Hospital, Institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Md. County:

City or town: Huntsville Md. (If outside city or town limits, write RURAL and give nearest town)

Street No. 1212-70th Pl. (If rural, give LOCATION)

2.(a) If veteran, name war:

3.(a) FULL NAME: Fannie Chase

3.(b) Social Security Number:

4. Sex: F

5. Color or race: C

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband ~~or wife~~: James E. Chase

6.(c) If alive, give age ~~69~~ years

7. Birth date of deceased (mo., day, yr.): about 1880

8. AGE: 69 Years | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Washington D.C. (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business

FATHER: 12. Name: James O. Wilson

13. Birthplace: Md.

MOTHER: 14. Maiden name: Elmey Lacy

15. Birthplace: Md.

16. Informant: Leona V. Hamilton

Address: 1212-70th Pl.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: ~~Jan~~ Feb. 2-50 (month) (day) (year)

Cemetery or crematory: Lincoln Memorial Cemetery

Location: Suitland rd. Md.

18. Funeral director: Robert G. McGuire

Address: 1820-9 St., N.W.

19. Jan. 30 1950 (Date rec'd by registrar) Carrie F. Campbell, Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan. 30 1950 at 3:00 a.m.

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from Jan 30 1946, to Jan 30 1950 and that I last saw her alive on Jan 30 1950

Immediate cause of death: Hypertensive Heart Disease

Due to: Hypertension

Due to: Nephritis

Other conditions: 443X 93d (Include pregnancy within 3 months of death)

DURATION

Major findings of operations: —

Date of op.

Autopsy results: —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of: —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE: W. H. Bruce M.D. M.D. or other

Address: 5005 Sheriff Rd. N.E. Date signed: 1-30-50

M

I

VS A15

T

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED
FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00698

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; MARYLAND; LENGTH OF STAY (in this place); HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lewisdale; STREET ADDRESS (If rural, give location) 2009 Beechwood Road

3. NAME OF DECEASED (Type or Print): (First) Robert (Middle) (Last) CICALA

4. DATE OF DEATH: (Month) JAN (Day) 12 (Year) 1950

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Baby

8. DATE OF BIRTH: Nov. 24 1949

9. AGE last birthday: If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.: 7 weeks

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baby

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): D. C.

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Anthony Cicala

14. MOTHER'S MAIDEN NAME: Catherine Alice Calhoun

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS: Father

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Dehydration & Acidosis — 4-5 days

Antecedent cause(s)

773.5 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

159 (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/9, 1950, to 1/12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 9:25 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

William Brainin MD Capitol Hyts Md. 1/12/50.

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 1-13-50; NAME OF CEMETERY OR CREMATORY Mt. Olivet; LOCATION (City, town, or county) (State) Wash D.C.

DATE REC'D BY LOCAL REG. 1/13/50; REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR: Timothy Hanlon; ADDRESS 641-H.St N.E.

9-R-X-24-9-00-0-00-R

X

RECEIVED
JAN 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00697

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md — LENGTH OF STAY in this place 54 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Bladensburg Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 4914 Annapolis Road

3. NAME OF DECEASED (Type or Print)	(First) Staley	(Middle) Magruder	(Last) Clarke	4. DATE OF DEATH	(Month) Jan	(Day) 2,	(Year) 1950
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	11/6/1876	73 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired U/S. Post Office		Washington D. C.	U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Caleb C. Clarke		Mary Demong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(If year, give war or dates of service) no	577-30-6822	Cora Clarke Bladensburg Md.	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Coronary Thrombosis	06 hrs
420.1 Antecedent cause(s)		
94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	10 yrs
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN) (COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from ....., 19 49 to 1-2 ....., 19 50, that I last saw the deceased alive on 1-2 ....., 19 50 and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Leonard Heyn	M.D	Hyattsville. Md	1-3-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/5/50	Ft. Lincoln Cemetery	Colmar Manor Md.
DATE REC'D BY LOCAL REG. 1/5/50	REGISTRAR'S SIGNATURE Miranda Downey	24. FUNERAL DIRECTOR	ADDRESS F. Gasch's Sons Hyattsville Md.

26695

VS/A15

RECEIVED
JAN 9 1950
BUREAU V. S.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15A

T

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00699

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Ramer
LENGTH OF STAY (in this place) 1 year
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3112 Webster Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ramer
STREET ADDRESS (If rural give location) 3112 Webster Street.

3. NAME OF DECEASED (Type or Print) (First) Cecil (Middle) C (Last) Coffman

4. DATE OF DEATH (Month) Jan (Day) 28 (Year) 1950

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH July 1, 1892
9. AGE last birthday 57 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Desk Clerk
10b. KIND OF BUSINESS OR INDUSTRY Town Police
11. BIRTHPLACE (State or foreign country) Stanley, Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.E.

13. FATHER'S NAME Herbert Coffman
14. MOTHER'S MAIDEN NAME Mary Rudabush

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. World (If yes, give war or dates of service) War I
16. SOCIAL SECURITY NO.
17. INFORMANT Clara B. Moore - Daughter.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
420.1 Immediate cause	(a) Coronary Occlusion	
131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	
	(c) Cardiovascular renal disease	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE John J. Maloney, M.D. (Degree or title) Dep. Med. Exam. ADDRESS Cheverly-Hyattsville, Md. DATE SIGNED 1-28-50

23. ~~RURIAL, CREMATION~~ REMOVAL (Specify) DATE THEREOF 1-28-50 NAME OF CEMETERY OR CREMATORY Huntermann Funeral Home LOCATION (City, town, or county) (State) 5732 Ga ave Wash DC.

DATE REC'D BY LOCAL REG. Jan. 28 1950 REGISTRAR'S SIGNATURE Mrs Jas. Severe (Deputy) 24. FUNERAL DIRECTOR W. R. Huntermann, ADDRESS Wash, DC

60498

RECEIVED
JAN 31 1950
BUREAU V. S.

00700

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: D. C. COUNTY: –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural) — LENGTH OF STAY (in this place): 9 months	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1427 R. St., N. W. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last): JOHNNIE E DARDEN			4. DATE OF DEATH (Month) (Day) (Year): 1 30 1950		
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Divorced	8. DATE OF BIRTH: ? ? 1917	9. AGE last birthday: 32 yrs.	If under 1 year: Months – Days – If under 24 hrs.: Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Porter	10b. KIND OF BUSINESS OR INDUSTRY: Neisner's 5 and 10¢ store	11. BIRTHPLACE (State or foreign country): Clinton, North Carolina	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME: Edd Darden		14. MOTHER'S MAIDEN NAME: Julia Moore			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): No	16. SOCIAL SECURITY No.: 577-16-2909	17. INFORMANT AND ADDRESS: Decedent			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002X Immediate cause	(a) Pulmonary tuberculosis.	1 year
Antecedent cause(s)		
13b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	2 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-21, 1949, to 1-30, 1950, that I last saw the deceased alive on 1-30, 1950, and that death occurred at 1:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Pinucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	1/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE: 2/1/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State): Washington D.C.
DATE REC'D BY LOCAL REG.: 1/31/50	REGISTRAR'S SIGNATURE: Moe Weiss	24. FUNERAL DIRECTOR: Malvan H. Echeverry Inc. ADDRESS: 424 R. ST. N.W. Washington D.C.	

750 79

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 16 1950
BUFFALO

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

00701

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince George. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park. | LENGTH OF STAY (in this place) 18 Mo
HOSPITAL OR INSTITUTION OR STREET ADDRESS 7506 Princeton.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park.
STREET ADDRESS (If rural give location) 7506 Princeton.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Katherine	McIntyre	Davis.	Jan	5	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Fem	White		Sept 16 1906	43 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife & teacher		Mass	U.S.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Joseph. McIntyre	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no		Janet Edw. Davis

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a)	Cancerous Carcinoma of Rt Breast	Jan 9 1948
170X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 50 (b)	with general Metastasis	
(c)		

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Jan 13 1948	Small Nodule Rt Breast - entire Breast removed	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 1/6/43, to 1/5/50, that I last saw the deceased alive on 12/27/49, and that death occurred at 10:20 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Howard I Morse	M.D.	28 Carroll Ave Takoma Park Md	1/5/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	Jan 9 1950	Woodlawn Memorial	Forestville	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 5th 1950	James Berry	Martin Kurtz	Forestville Md

V 3491

RECEIVED
JAN 9 1950

00702

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH · COUNTY PRINCE GEORGE MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE PRINCE GEORGES COUNTY MD.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside — LENGTH OF STAY (in this place) 45 YRS	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hillside MD.
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) 1109 - 49th AVENUE.

3. NAME OF DECEASED (Type or Print) (First) DOMENICO (Middle) De (Last) VITO			4. DATE OF DEATH (Month) JAN (Day) 14 (Year) 1950		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) MARRIED	8. DATE OF BIRTH 1870	9. AGE last birthday 80 yrs.	If under 1 year Months Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY RETIRED	11. BIRTHPLACE (State or foreign country) ITALY		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN			14. MOTHER'S MAIDEN NAME UNKNOWN		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT MARY ANTONELLI		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
611x Immediate cause	(a) Pneumonia, terminal, bronchial	4 days
107 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Senile ~~physosis~~ psychosis	2 years
	(c) Prostatitis, chronic	2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 1948, to Jan. 14, 1950 that I last saw the deceased alive on Jan. 14, 1950, and that death occurred at 10:25 P.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Ernest E. Cornelsen	MD	4400 Bowen Rd. SE Wash DC	Jan 14 1950

23. BURIAL, CREMATION ~~REMOVAL~~ (Specify)	DATE THEREOF 1-17-50	NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.	LOCATION (City, town, or county) (State) WASH. D.C.
DATE REC'D BY LOCAL REG. Jan. 15-50	REGISTRAR'S SIGNATURE Carrie F. Campbell.	24. FUNERAL DIRECTOR Timothy Hanlon	ADDRESS 641-H St. NE.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JAN 17 1950
BUREAU V. S.

00703

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Georges. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights | LENGTH OF STAY (in this place) 1 year.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 607- 48th Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Capitol Heights Md.
STREET ADDRESS (If rural, give location) 607- 48th Ave.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
RICHARD	LEE	DODSON.	January	16	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	married	Dec. 9, 1908.	41 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
meat - cutter.	Manufacturing Co.	Stafford Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Allan Lee Dodson	Zelma Agnes Cropley.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
no.	577-05-1902	Mrs. Audrey Alberta Dodson.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
144X Immediate cause	(a) Primary oral Cell Carcinoma of left Palate with metastases	1 year.
45C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
ur				

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from 11/15, 1949; to 1/16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 7 05 A.M., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
William Brainin		6124 Central Ave, Capitol Hgts Md	1/16/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
	1/16/50	Smith Church Cemetery	Stafford County	Va

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 16-50	Carrie F. Campbell	Wheeler & Thompson,	Fredericksburg Va

496 x 5

RECEIVED
JAN 19 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00704

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. No correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 4 hr. 35 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Brentwood
STREET ADDRESS (If rural, give location): 3709 Taylor St.

3. NAME OF DECEASED (Type or Print): (First) Richard Bobby (Middle) Leroy (Last) Dudley

4. DATE OF DEATH: (Mooth) Jan. (Day) 2 (Year) 1950

5. SEX: M.

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single.

8. DATE OF BIRTH: Jan 1. 1950

9. AGE last birthday yrs. | If under 1 year: Mooths. Days | If under 24 hrs.: Hours 4 Min. 35

10a. USUAL OCCUPATION (Give kiod of work done durlog most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis F. Dudley

14. MOTHER'S MAIDEN NAME: Lois French.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, oo, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Fetal non expansion lung

Antecedent cause(s)

7625 159 Diseases or conditions, if aoy, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but oot related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Mooth) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 3 40 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Benjamin S. Miller M.D. — ADDRESS: 3824 34th Ave Mt Rainier — DATE SIGNED: 4 Jan '50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Jan 4, 1950 — NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp — LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG.: 1/5/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W Penn Jr — ADDRESS: Capitol

2-0-1-01-0-21-2-31-2

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00705

Reg. Dist. No. 243

1. PLACE OF DEATH · COUNTY Prince George MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale, (Rural) LENGTH OF STAY (in this place) 1 month and 29 days.	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location) 1604 13th St., N. W. ✓

3. NAME OF DECEASED (Type or Print) (First) THERESA (Middle) (Last) DUDLEY				4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 1950	
5. SEX Female	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 10/29/46	9. AGE last birthday 3 yrs.	If under 1 year Months – Days – If under 24 hrs. Hours – Min. –
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY –		11. BIRTHPLACE (State or foreign country) Washington. D. C.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Floyd Dudley			14. MOTHER'S MAIDEN NAME Agnes Reynolds		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) – No (If year, give war or dates of service) –		16. SOCIAL SECURITY No. –	17. INFORMANT AND ADDRESS Agnes Dudley, 1604 13th St., N. W.		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Tuberculous meningitis	5 weeks
010x Antecedent cause(s)		
22a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Miliary tuberculosis.	5 months
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)	
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-23, 1949, to 1-21, 1950, that I last saw the deceased alive on 1-21-, 1950, and that death occurred at 5:30 a.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M.D.	Glenn Dale Sanatorium Glenn Dale, Maryland	1/21/50

23. ~~BURIAL, CREMATION~~ REMOVAL (Specify)	DATE 1/21/50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington D.C.
DATE REC'D BY LOCAL REG. 1/22/50	REGISTRAR'S SIGNATURE Mae Weiss	24. FUNERAL DIRECTOR John T. Stewart	ADDRESS 304 St NE Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00706 245

Reg. Dist. No. 669

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges; MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale; LENGTH OF STAY (In this place) 7 hours
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rogers Heights
STREET ADDRESS (If rural, give location) 5307 Farragut Street

3. NAME OF DECEASED (Type or Print): (First) ALFRED (Middle) WOODROW (Last) FLESHMAN

4. DATE OF DEATH: (Month) Jan. (Day) 10th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 3/4/1917

9. AGE last birthday: 32 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Iceman

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Berwyn, Md.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John C. Fleshman

14. MOTHER'S MAIDEN NAME: Evie Mae Doyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT: Mrs. Evie M. Fleshman (Mother)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hemorrhage and Shock

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Gunshot wound of head

(c) Self inflicted

9760
1640

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Wife's Home. (CITY OR TOWN) Beltsville, (COUNTY) Prince Georges, (STATE) Md.

TIME (Mooth) (Day) (Year) (Hour) OF INJURY Jan. 9/50 830P.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Self-inflicted gun-shot wound

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☒ *homicide* ☐, *undetermined* ☐.

SIGNATURE: John J. Maloney M.D. (Degree or title) ADDRESS: 2202 Cheverly Ave. Hyattsville, Md. DATE SIGNED: 1/12/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial; DATE THEREOF: 1/13/1950; NAME OF CEMETERY OR CREMATORY: Ivy Hill; LOCATION (City, town, or county) (State): Laurel, Md.

DATE REC'D BY LOCAL REG.: Jan 12, 1950; REGISTRAR'S SIGNATURE: James Seney

24. FUNERAL DIRECTOR: W.W. Chambers Company, ADDRESS: Riverdale, Md.

988X6

VS. A15A

RECEIVED
JAN 16 1950
BUREAU T. S.

00707

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges County MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Berwyn
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location) 9434-Rhode Island Ave.

3. NAME OF DECEASED (Type or Print)	(First) HARRY	(Middle) E.	(Last) FLETCHER	4. DATE OF DEATH	(Month) JAN. (Day) 18, (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH April 5th, 1874	9. AGE last birthday 75 yrs.	If under 1 year Months / Days / If under 24 hrs. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired	10b. KIND OF BUSINESS OR INDUSTRY Carpenter	11. BIRTHPLACE (State or foreign country) Farquier County, Va.	12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Edward Harrison Fletcher	14. MOTHER'S MAIDEN NAME Mary Elizabeth Fletcher				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mrs. Ruth Wissman (Daughter)			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Myocardosis

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis c̄ cerebral & coronary manifestation

(c) malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 27, 1949, to Jan 16, 1950, that I last saw the deceased alive on Jan 16, 1950, and that death occurred at 9 30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Alfred Dibbs	MD	308 E Capitol St	1-18-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE 1/21/50 Jan. 21, 1950	NAME OF CEMETERY OR CREMATORY Fort Lincoln Cemetery	LOCATION (City, town, or county) (State) Prince Georges, Md.
DATE REC'D BY LOCAL REG. Jan 18, 1950	REGISTRAR'S SIGNATURE James Sevey	24. FUNERAL DIRECTOR Martin W. Hysong Co.	ADDRESS 1300-N St. N.W. Washington, D.C.

30869

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 20 1950
BUREAU V. S.

Corr. On Film G124.
1-23-50 -as

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00768

Reg. Dist. No. 345

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4111 Oliver Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural, give location) 4111 Oliver Street

3. NAME OF DECEASED (Type or Print): (First) CLARENCE (Middle) MEREDITH (Last) FLYE

4. DATE OF DEATH: (Month) Jan (Day) 6 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 22, 04

9. AGE last birthday: 45 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Diesel Engineer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Tenn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ezra D. Flye

14. MOTHER'S MAIDEN NAME: Minnie Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: 160-16-5458

17. INFORMANT: Mrs. Mildred Flye (wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Embolism — Interval between onset and death: minute

Antecedent cause(s) — Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

416X 95b

(b) Thrombophlebitis of left (1-23-50 ams.) left leg — 10 days

(c) Rheumatic heart disease, decompensated, with auricular fibrillation — 1 year.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Jan 6, 1950, that I last saw the deceased alive on Jan. 4, 1950, and that death occurred at 4 10 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Ronald V. Fleischer M.D. — 5732 Queens Chapel Rd. Hyattsville Md. — Jan 6-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: JAN. 6/50 | NAME OF CEMETERY OR CREMATORY: Unknown | LOCATION (City, town, or county) (State): LANCASTER, PENNA.

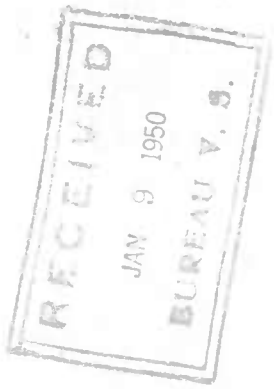
DATE REC'D BY LOCAL REG.: Jan 6 1950 | REGISTRAR'S SIGNATURE: Mrs. Jas. Bevere (Deputy) | 24. FUNERAL DIRECTOR: W. W Chambers | ADDRESS: Riverdale Md.

48294

VS. A15

Patient was transferred to my care by Dr. Frank Green of 1150 Connecticut Ave, Washington D.C. on Jan 3, 1950 under whose auspices care he was for over a year.

Ronald V. Fleischmann



M

00709

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. M15

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY (in this place): 10 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS: —

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville
STREET ADDRESS (If rural, give location): 5208 - 42 Place

3. NAME OF DECEASED (Type or Print): (First) Arthur (Middle) Preston (Last) Gambrill
4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1950

5. SEX: male
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Apr 5, 1880
9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - U.S. Govt
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Stephen Warfield
14. MOTHER'S MAIDEN NAME: Kate Gorman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: —
17. INFORMANT AND ADDRESS: Arthur P. Gambrill Jr. Silver Springs Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary Occlusion, Acute — 36 hours

420.1 Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1946, to 1-8, 1950, that I last saw the deceased alive on 1-8, 1950, and that death occurred at 4:45 P.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Mt. Rainier Md — DATE SIGNED: 1-9-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: Jan 10, 1950 — NAME OF CEMETERY OR CREMATORY: St James Cemetery — LOCATION (City, town, or county): Anna Arundle Co — (State): Md

DATE REC'D BY LOCAL REG.: Jan 10, 1950 — REGISTRAR'S SIGNATURE: James Sevey — 24. FUNERAL DIRECTOR: F. Gasch's sons Hyattsville Md — ADDRESS:

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00710

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 5 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural give location) 3507 - Varnum Street

3. NAME OF DECEASED (Type or Print) (First) Vincent (Middle) S (Last) Giovinazzo

4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1950

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Apr. 1, 1907

9. AGE last birthday 42 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Fleet Owner

10b. KIND OF BUSINESS OR INDUSTRY Premier Cab

11. BIRTHPLACE (State or foreign country) Wash. D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Giovinazzo

14. MOTHER'S MAIDEN NAME Theresa Carpfria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) w.w. 2

16. SOCIAL SECURITY NO. Unk.

17. INFORMANT Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

355 Immediate cause (a) Intracranial hemorrhage

83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cerebral compression

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

John D. Maloney, M.D. Dep. Med. Exam. Cheverly Hyattsville, Md. 1-26-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal

DATE THEREOF Jan 26 1950

NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery

LOCATION (City, town, or county) Suitland (State) Md.

DATE REC'D BY LOCAL REG. Jan. 26 1950

REGISTRAR'S SIGNATURE (Deputy) Mrs. Jas Levin Amanda Downey

24. FUNERAL DIRECTOR The S H Hines Co

ADDRESS 2901 - 14th St. Wash. D.C.

156.5V

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 31 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00711

CERTIFICATE OF DEATH

Reg. Dist. No. 215

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Md. Prince Georges COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale Md. LENGTH OF STAY (in this place): 37 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Prince Georges Riverdale Md
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location): Riverdale Road

3. NAME OF DECEASED (Type or Print) (First) Charlotte (Middle) Glading (Last)

4. DATE OF DEATH (Month) Jan 4, (Day) 1950 (Year) 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
female	white	Widowed	May 10, 1874	75 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home	own home	Philadelphia Pa	U. S. A

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John J. Groezinger	Mary Mc Combs

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
no	none	Mary Glading Riverdale Maryland

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
163X Immediate cause	(a) Uremia, Nephritis Ch.	12-1-49.
Antecedent cause(s)		
47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Carcinoma left lung.	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 7-1, 1949, to 1-3, 1950, that I last saw the deceased alive on 1-3, 1950, and that death occurred at 6:50 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

George Hagerage MD 3717-38th Ave Cottage City Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 7, 1950	National Capital	Muirkirk Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Jan 5, 1950	James Severe	F. Gasch's Sons Hyattsville Maryland

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 6 1950
BUREAU V. S.

00712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5719-38th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Hyattsville
STREET ADDRESS (If rural, give location) 5719-38th St.

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) E (Last) Goldsborough
4. DATE OF DEATH (Month) Jan (Day) 25 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH March 21, 1857
9. AGE last birthday 93 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Michael Schaefer
14. MOTHER'S MAIDEN NAME Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No.
17. INFORMANT Wm F. Schaefer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442X Immediate cause (a) Cardio Arterio Nephro Sclerosis — INTERVAL BETWEEN ONSET AND DEATH [illegible]

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1947, to Jan 25, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 12 m., from the causes and on the date stated above.

SIGNATURE Sylvester Brady (Degree or title) Mrs. ADDRESS 35 N.Y. Ave DATE SIGNED Jan 25/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 28, 1950
NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery
LOCATION (City, town, or county) Washington, D.C. (State)
DATE REC'D BY LOCAL REG. Jan. 26, 1950
REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy)
24. FUNERAL DIRECTOR J. Wm Lee's Sons Co. ADDRESS 300-4th St. N.E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 27 1950
BUREAU OF S.

MARYLAND STATE DEPARTMENT OF HEALTH

00713

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 25

1. PLACE OF DEATH · COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hyattsville — LENGTH OF STAY (in this place): 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Sacred Heart Home

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: D C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 307 - 1st St SE

3. NAME OF DECEASED (Type or Print): (First) CATHERINE (Middle) Rose (Last) GRAHAM

4. DATE OF DEATH: (Month) JAN. (Day) 5th (Year) 1950

5. SEX: Female | 6. COLOR OR RACE: White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single | 8. DATE OF BIRTH: Jan 2 - 1868 | 9. AGE last birthday: 82 yrs. | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired
10b. KIND OF BUSINESS OR INDUSTRY: Ins. Clerk.
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: George Chas. Graham
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Hoy.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT: Sacred Heart Home.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Embolism	8 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Cardio-Vascular Renal Disease	10 yrs.
	(c)	

442 x
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 14, 1947, to Jan. 5, 1950, that I last saw the deceased alive on Jan. 5, 1950, and that death occurred at 2:15 P.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
J. E. Bowman, M.D. | 4021 - 15th St. N.E. Washington D.C. | Jan. 5, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE THEREOF: 1/9/50 | NAME OF CEMETERY OR CREMATORY: Mt Olivet Cemetery | LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REG.: Jan 5 1950 | REGISTRAR'S SIGNATURE: James Berry | 24. FUNERAL DIRECTOR: J. Wm. Lee Sons Co. | ADDRESS: 26697 300 - 4th St S E.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU-F. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00714

CERTIFICATE OF DEATH

Reg. Dist. No. 105 245

1. PLACE OF DEATH: COUNTY Prince Geo Co — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (In this place) 8 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Pgo. Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville Md
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	X	Green	1	6	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	White	Wid	11/7/1866	83 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Ret. Railroad Worker		Compton Md	USA

13. FATHER'S NAME: Francis B. Green
14. MOTHER'S MAIDEN NAME: Virginia L. Wood

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Nellie Green Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Congestive Heart Failure	45 days
443 Antecedent cause(s)		
93d Diseases or conditions, if any, giving rise to the above causa stating tha underlying cause last	(b) Hypertensive Heart	4 Years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Sept 1, 1944 to Dec 6 1950, that I last saw the deceased alive on Dec 5, 1950, and that death occurred at 700 m., from the causes and on the date stated above.

SIGNATURE: Thomas F Collins (Degree or title) M.D. ADDRESS DATE SIGNED 1-6-50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/9/50	St Joseph Cemetery	Compton	Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1-7-50	M L Thomas	Smith & Ryon	Hyattsville Md

James E. Green Jr.

49647

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00715

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 3 days.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. COUNTY Prince Georges.; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville; STREET ADDRESS (If rural, give location) 5400 Gallatin St.

3. NAME OF DECEASED (Type or Print): (First) Spencer (Middle) L (Last) Hall

4. DATE OF DEATH: (Month) JAN (Day) 10 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: May 16 1878

9. AGE last birthday: 71 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Tidelia Hall

14. MOTHER'S MAIDEN NAME: Sidney Loafman Hall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

16. SOCIAL SECURITY NO. 504-12-1652

17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Uremia — Interval between onset and death: 5 days.

450.0

Antecedent cause(s)

97 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized arteriosclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5, 1950, to 1-10, 1950, that I last saw the deceased alive on 1-10, 1950, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

SIGNATURE: Boris Rabkin (Degree or title) M.D. ADDRESS: 1200 Lebanon St Silver Spring DATE SIGNED: 1-10-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE: 1-12-50 | NAME OF CEMETERY OR CREMATORY: Ft. Lincoln | LOCATION (City, town, or county) (State): Bladensburg Rd. & D.C. Line Md.

DATE REC'D BY LOCAL REG.: 1/12/50 | REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Wm. J. Malley ADDRESS: 3200 R.I. Ave. Mt. Rainier Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 13 1950
BUREAU V. C.

00716

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 242

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park — LENGTH OF STAY (In this place) 3 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 107 - 64 Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Maryland Park
STREET ADDRESS (If rural, give location) 107-64 Street

3. NAME OF DECEASED (Type or Print): (First) Eli (Middle) Sylvester (Last) Harrison

4. DATE OF DEATH: (Month) Jan (Day) 25 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 19, 1863

9. AGE last birthday: 86 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Francis Harrison

14. MOTHER'S MAIDEN NAME: Amanda

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Gail B. Harrison

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442 X — Immediate cause (a) Acute Congestive heart failure

131a — Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Acute gastero intestinal upset

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☑, Inquiry ☑ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

James J. Boyd M.D. — Forestville Md. — 1-25-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF 1-27-50 — NAME OF CEMETERY OR CREMATORY: Mt. Oak Cemetery — LOCATION (City, town, or county) (State): Mitchellville, Md.

DATE REC'D BY LOCAL REG. Jan. 26-50 — REGISTRAR'S SIGNATURE: Carrie F. Campbell.

24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

OOOVV

RECEIVED
JAN 30 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00717

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly — LENGTH OF STAY (in this place): Hrs -
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George Gen. Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillside
STREET ADDRESS (If rural, give location): 4801 - "M" St

3. NAME OF DECEASED (Type or Print): (First) Baby Boy (Middle) James (Last) Hasson Jr.

4. DATE OF DEATH: (Month) Jan (Day) 19 (Year) 1950

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify):

8. DATE OF BIRTH: Jan-18-50

9. AGE last birthday: yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours 7 Min. 27

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Mr James Hasson

14. MOTHER'S MAIDEN NAME: Mary E Justice

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY No.:

17. INFORMANT AND ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Atelectasis — 7 hrs / 27 hrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity — 762.5 / 159

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/16, 1950, to 1/19, 1950, that I last saw the deceased alive on 1/19, 1950, and that death occurred at 2 00 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Thomas A. Chamberlain MD — ADDRESS: College Park Md — DATE SIGNED: 1/20/50

23. BURIAL, CREMATION, REMOVAL (Specify): Cremation — DATE: Jan 23 50 — NAME OF CEMETERY OR CREMATORY: Prince Georges Gen Hosp — LOCATION (City, town, or county) (State): Cheverly Md

DATE REC'D BY LOCAL REG.: 1/24/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR: Harry W. Penn Jr Supt. — ADDRESS:

2-0-1-18-0-19-1-28-1

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00718

Reg. Dist. No. 248

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH COUNTY: Prince George's County — MARYLAND CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier Md — LENGTH OF STAY (in this place): 32 years HOSPITAL OR INSTITUTION OR STREET ADDRESS:	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: Maryland — COUNTY: Prince Georges CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Mt. Rainier Md. STREET ADDRESS (If rural, give location): 4022 34th Street,.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Harmond	Hays	Jan 7, 1950--19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months. / Days	If under 24 hrs.: Hours / Min.
male	white	Married	12/18/1867	82 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired book binder	U. S. Gov't	Maryland	U. S. A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
James Hays	Mary Hann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
		Mrs. Lula Hays Mt Rainier Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Myocardial Infarction	3 weeks
420.1 Antecedent cause(s)	(b) Coronary Insufficiency	6 mos.
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Hypertensive Heart Disease	years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Aug, 1949, to Jan, 1950, that I last saw the deceased alive on Jan 6, 1950, and that death occurred at 11:30A.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Benjamin S. Miller	M.D.	3824-34th St Mt Rainier	Jan 9 50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/50	Cedar Hill Cemetery	Suitland Maryland

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 10 1950	James Berry	F. Gasch's Sons	Hyattsville Md

44677

RECEIVED
JAN 12 1950
BUREAU V. S.

Evidence for change of birth date is on:

FILM No. G 12 JAN 17 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00719

Reg. Dist. No. ~~214~~ 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Montgomery
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (in this place) 3 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Colesville, Md.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Hyattsville rest Home 5801-42nd ave.	STREET ADDRESS (If rural, give location) R.F.D.#1 Silver Spring.

3. NAME OF DECEASED (Type or Print)	(First) FREDERICK	(Middle) WILLIAM	(Last) HEINE SR.	4. DATE OF DEATH	(Month) JAN (Day) 8 (Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Sept 10, 18~~79~~ 69	9. AGE last birthday 81 yrs.	If under 1 year Months. Days; If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Washington, D.C.	12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME William Heine			14. MOTHER'S MAIDEN NAME Berger		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)		16. SOCIAL SECURITY No. None	17. INFORMANT Henry S. Heine, 1434 Chapin St NW		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
331 X Immediate cause	(a) Cerebral Hemorrhage	14 days
Antecedent cause(s)		
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Cerebral arteriosclerosis c̄	10 Mos.
	(c) hypertension	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 31, 1949, to Jan. 8, 1950, that I last saw the deceased alive on Jan. 7, 1950, and that death occurred at 4:30 A m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Herbert G. Brandes	M.D.	135 R.I. Ave., N.E.	Jan. 8th 1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1/10/50	Glenwood	Washington DC

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/8/50	Frances Potter	S H Hines Co	2901-14th N W

James E. Irvin G.

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

T

RECEIVED
JAN 10 1950
BUREAU V. S.

00720

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood — LENGTH OF STAY (in this place) 1 month	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4539 Banner St	STREET ADDRESS (If rural give location) 4539 Banner St

3. NAME OF DECEASED (Type or Print)	(First) Mary	(Middle)	(Last) Henderson	4. DATE OF DEATH	(Month) Jan	(Day) 9	(Year) 1950
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) C	8. DATE OF BIRTH ~~Unknown~~ Jan 1869	9. AGE last birthday 80? yrs.	If under 1 year Months	Days	If under 24 hrs. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (State or foreign country) Wash. D.C.	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT Mabel Fox	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at work ☐ Not while at work ☐	HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam.		Cheverly-Hyattsville, Md	1-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF Jan 9/50	NAME OF CEMETERY OR CREMATORY Harmoney	LOCATION (City, town, or county) (State) Wash. D.C.
DATE REC'D BY LOCAL REG. Jan 9/49	REGISTRAR'S SIGNATURE Amanda Downey	24. FUNERAL DIRECTOR Robert C. Campbell	ADDRESS 1702 12th NW

1/11/50 James Sevey

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 12 1950
BUREAU V. S.

00721

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly — LENGTH OF STAY (in this place) 3 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Georges Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Tuxedo
STREET ADDRESS (If rural, give location) 2504--57th Ave.

3. NAME OF DECEASED (Type or Print): (First) William (Middle) Wallace (Last) Hensler, Sr.
4. DATE OF DEATH: (Month) Jan. (Day) 17th (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 27/1865
9. AGE last birthday: 84 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist (Retired)
10b. KIND OF BUSINESS OR INDUSTRY: USNavy Yard
11. BIRTHPLACE (State or foreign country): Baltimore, Md.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Hensler
14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Margaret Hensler (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Congestive heart failure
903.0
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypostatic pneumonia
186a
(c) Intertrochanteric fracture left femur.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☒ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY Home
(CITY OR TOWN) Tuxedo (COUNTY) Prince Georges (STATE) Md.
TIME OF INJURY (Month) (Day) (Year) (Hour) 10-29-49 4:00 p.m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Fell to floor while reaching for shirt.

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
John J. Malone, M.D. D.P.H. Md. Exam. — Cheverly-Hyattsville, Md. 1-18-50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE THEREOF: 1/20/1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cem.
LOCATION (City, town, or county) (State): Colmar Manor, Pr. Geo. Md.

DATE REC'D BY LOCAL REG. Jan 19/50
REGISTRAR'S SIGNATURE: Amanda Downey
24. FUNERAL DIRECTOR — ADDRESS: W.W. Chambers Company, Riverdale, Md.

32697

VS-A15A

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00722

CERTIFICATE OF DEATH

Reg. Dist. No. 765

1. PLACE OF DEATH: COUNTY Prince Georges. MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
LENGTH OF STAY (In this place) 7 weeks.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 5801- 42nd ave. Hyattsville Conv. Rest Home

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 5404 - Taylor road

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) BEVERLY (Last) HUTCHERSON

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, (DIVORCED) (Specify)
8. DATE OF BIRTH: 9/13/1862
9. AGE last birthday: 87 yrs. If under 1 year: Months. 3. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cabinet maker
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Danville Va.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hutcherson
14. MOTHER'S MAIDEN NAME: Louisa Walton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT: Rest Home record.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

201 Immediate cause (a) Hodgkin's disease — Interval between onset and death: 1 year.

446 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Coryza in Father

19a. DATE OF OPERATION: 1-15-49.
19b. MAJOR FINDINGS OF OPERATION: Biopsy Axilla. - Hodgkin's disease.
20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan., 19 49, to Jan. 31, 19 50, that I last saw the deceased alive on Jan. 30, 19 50, and that death occurred at 6:45 A m., from the causes and on the date stated above.

SIGNATURE: Albert Roth (Degree or title) M.D. ADDRESS 5507 Trodden St. Riverdale DATE SIGNED 1-31-50.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE Feb 2/50
NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.
LOCATION (City, town, or county) Suitland - Pr. Geo. (State) Md

DATE REC'D BY LOCAL REG. Jan 31 1950
REGISTRAR'S SIGNATURE James Seavey
24. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS Riverdale Md

3661V

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
FEB 1 1950
BUREAU U. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00723

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 8 mo., 17days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 4432 Foote St., N. E.

3. NAME OF DECEASED (Type or Print): (First) Ernest (Middle) (Last) Hutton jr

4. DATE OF DEATH: (Month) 1 (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 7/13/1912

9. AGE last birthday: 37 yrs. — If under 1 year: Months —, Days —; If under 24 hrs.: Hours —, Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ernest Hutton, Sr.

14. MOTHER'S MAIDEN NAME: Martha Brown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): Unknown

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Tuberculous Meningitis	2 mos 27 days
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Miliary Tuberculosis	10 mos 7 days
	(c)	

010X 22a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-22, 1949, to 1-8, 1950, that I last saw the deceased alive on 1-7, 1950, and that death occurred at 940 a m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 1/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): — DATE: 1/9/50 — NAME OF CEMETERY OR CREMATORY: — LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 1/9/50 — REGISTRAR'S SIGNATURE: Rose Weiss

24. FUNERAL DIRECTOR: John T. Stewart — ADDRESS: 30-H St. NE

31404

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06724

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince Geo — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 8 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince Geo Gen Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY A. A.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Friendship
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Baby	Boy	Johnson	Jan	30	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
M	W	—	1-30-50	yrs.		8

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
John Herbert Johnson	Elizabeth A. Waltmson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Incomplete expansion of lungs	8 mos
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Multiple congental malformations	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 30, 1950, to Jan 30, 1950, that I last saw the deceased alive on 30 Jan, 1950, and that death occurred at 11:20 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert B Lasser	M D	Upper Marlboro Md	Jan 31, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Feb 1 1950	Mt Zion	Colmar Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/50	Amanda Downey	T A Hardesty & Son	Gaithersburg Md

2-0-1-30-0-21-2-40-1

X

RECEIVED
FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00725

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Laurel
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Warren Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: PR. GEO.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: R-2 Box 302 LAUREL MARYLAND
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) G. (Last) LAMMERS

4. DATE OF DEATH: (Month) 1 (Day) 18 (Year) 1950

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): widowed

8. DATE OF BIRTH: 1875

9. AGE last birthday: 74 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): ELKRIDGE, MARYLAND

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: HARRY J. OTTEN

14. MOTHER'S MAIDEN NAME: MARY WEISS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT AND ADDRESS: Alice E. Hitaffer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Gastric Carcinoma	1 yr
151X Antecedent cause(s)		
46b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Generalized	
	(c) Arteriosclerosis	5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?:

22. I hereby certify that I attended the deceased from 1/2, 1938, to 1/18, 1950, that I last saw the deceased alive on 1/18/50, and that death occurred at 12 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): L. M. Warren M.D. — ADDRESS: Laurel Md — DATE SIGNED: 1/18/50

23. BURIAL, CREMATION, REMOVAL (Specify):

DATE: 1/20/50

NAME OF CEMETERY OR CREMATORY: ST MARY'S

LOCATION (City, town, or county) (State): LAUREL MARYLAND

DATE REC'D BY LOCAL REG.: Jan 20 - 1950

REGISTRAR'S SIGNATURE: M. Brashears

24. FUNERAL DIRECTOR: Dewitt Donaldson — **ADDRESS**: Laurel Md

RECEIVED
JAN 24 1950
BUREAU OF S.

00726

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier, Md. LENGTH OF STAY (In this place) 3 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4200 - 34th St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Ranier Maryland
STREET ADDRESS (If rural give location) 4200 - 34th St.

3. NAME OF DECEASED (Type or Print) (First) Dennis (Middle) B. (Last) Lashmit
4. DATE OF DEATH (Month) Jan. (Day) 21 (Year) 1950
5. SEX M
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH Oct 11, 1949
9. AGE last birthday yrs. If under 1 year Months 3 Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Floyd R. Lashmit
14. MOTHER'S MAIDEN NAME Katherine Parker
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY No. no
17. INFORMANT Father - Floyd R. Lashmit

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) asphyxia

924.0 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Suffocation

182 (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Home (CITY OR TOWN) Mt. Ranier (COUNTY) (STATE) Maryland
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-21-1950 m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? Suffocated in crib

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John J. Maloney M.D. Dep. Med. Exam. Cheverly - Hyattsville Md. 1-22-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 22, 1950
NAME OF CEMETERY OR CREMATORY Evergreen
LOCATION (City, town, or county) Bladensburg Md (State)
DATE REC'D BY LOCAL REG. Jan 22, 1950
REGISTRAR'S SIGNATURE James Serry
24. FUNERAL DIRECTOR F. Gasch's sons ADDRESS Hyattsville Md

9-R-0-11-9-00-00 0 R

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 24 1950
BUREAU OF S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00727

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (in this place) 2 yrs., 10 months and 21 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE D. C. COUNTY –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 62 Seaton Place, N. W.

3. NAME OF DECEASED (Type or Print) (First) ORVILLE (Middle) (Last) LEE

4. DATE OF DEATH (Month) Jan (Day) 15th (Year) 1950

5. SEX Male

6. COLOR OR RACE Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated

8. DATE OF BIRTH 7/25/1899

9. AGE last birthday 50 yrs. If under 1 year: Months – Days – If under 24 hrs.: Hours – Min. –

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Porter

10b. KIND OF BUSINESS OR INDUSTRY –

11. BIRTHPLACE (State or foreign country) Rapid City, South Dakota

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Lee

14. MOTHER'S MAIDEN NAME Nellie ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service) –

16. SOCIAL SECURITY NO. 579-38-1286

17. INFORMANT AND ADDRESS Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 3 yr 7 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 19 47, to 1/15, 19 50, that I last saw the deceased alive on 1/15, 19 50, and that death occurred at 905 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Daniel Leo Finucane M.D.

ADDRESS Glenn Dale Sanatorium, Glenn Dale, Maryland

DATE SIGNED 1/15/50

23. BURIAL, CREMATION, REMOVAL (Specify)

DATE 1/16/50

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county) (State) Washington D.C.

DATE REC'D BY LOCAL REG. 1/16/50

REGISTRAR'S SIGNATURE Mae Weiss

24. FUNERAL DIRECTOR Robert T. McGuire ADDRESS 1820 9th St. N.W. Wash. DC.

75099

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00728

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George — MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly; LENGTH OF STAY (in this place) 1 month; HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Prince George; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN W. Lanham H. 11s; STREET ADDRESS (If rural, give location) 7742 Frederick Road

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	WESLEY	Linthicum	JAN	17	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Widower	Sept 6, 1862	86 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Stopped Sat	sand and Gravel	maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Thomas Linthicum	Belmear

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	none	Mildred Leggs Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Infarct

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Generalized Arteriosclerosis

(c)

450.0

97

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
			m.		

22. I hereby certify that I attended the deceased from July 15, 1949, to Jan. 17, 1950, that I last saw the deceased alive on Jan 17, 1950, and that death occurred at 7 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Dr. Lee D. Hyattsville, Md

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 20/1950	St Stephens	Anne Arundel Co Md

DATE RECD BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/20/50	Amanda Downes	F. Gaeths Sons	Hyattsville md

RECEIVED
JAN 21 1950
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00729

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY: Maryland — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cottage City — LENGTH OF STAY (in this place):	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington, D.C.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 3706 43rd Ave.	STREET ADDRESS (If rural, give location): 1511 Franklin St. N.E. ✓

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Little, Eva Lenora	Jan 16 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	single	12/25/84	65 yrs.		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Government	Printing Office	Washington, D.C.	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George W. Little	Annie Church

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
		George M. Little 6614 Oliver St. East Pines, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
153 X Immediate cause	(a) Carcinoma of sigmoid	Oct 49
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 462	(b) Obstruction sigmoid	Oct 49
	(c) Pneumonia	Oct 49
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Nov 1949	Obstruction sigmoid - carcinoma	Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Oct 7, 1949, to Jan 16, 1950, that I last saw the deceased alive on Jan 14, 1950, and that death occurred at 12:50 p.m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
[signature]	MD	522 11th St SE Wash	Jan 16 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1950	Congressional Cem.	Wash. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan. 16, 1950	Amanda Downey	S. D. Jones Co.	2901-14th St. Wash. D.C. 27897

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00730

Reg. Dist. No. 142

1. PLACE OF DEATH:

County: Prince Georges

City or town: Fairmount Heights

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 35 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Prince Georges

City or town: Fairmount Heights

(If outside city or town limits, write RURAL and give nearest town)

Street No. 5910 Jay St.

(If rural give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Louise Mariah Love

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Fe.	Negro	widowed

6.(b) Name of husband ~~or wife~~ Washington Love

Dec. 28, 1871 6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 78 | Months | Days | If less than one day ..... hrs. ..... min.

9. Birthplace Prince George Co. Md.

(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Robert Adams

13. Birthplace Md.

MOTHER 14. Maiden name Unknown

15. Birthplace unknown

16. Informant John Love

Address Son

17. Removal Date thereof Jan. 30. 50

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location Washington D.C.

18. Funeral director Henry S. Washington & Sons

Address 467 N St. N.W.

Jan. 30 1950 Carrie F. Campbell.

(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Jan. 30 1950 at 4:50 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 14 1950 to Jan. 30 1950 and that I last saw her alive on Jan. 30 1950

	DURATION
Immediate cause of death: Congestive Heart Failure	2 wks.
Due to: Hypertensive Cardiovas. Dis.	
(Underlying) Due to: Influenza	
(2/14/50-ams) Other conditions: Senility	
481 K 932 (Include pregnancy within 3 months of death)	

Major findings of operations: Date of op.

Autopsy results:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury: Injured at work?

23. SIGNATURE John W. Robinson, MD M. D. or other

Address 201 Eastern Ave NE Date signed 1/28/50

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH NONFADING INK. Supply every item of information carefully. Use correct age if especially important. Physicians: please write the causes of death clearly and legibly.

VS-A16 9-45-15M

RECEIVED
FEB 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00731

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 234

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Oxon Hill
LENGTH OF STAY (In this place) Transient
HOSPITAL OR INSTITUTION OR STREET ADDRESS Potomac River

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 4117 7th Street N. W.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Rene	Jean	Marchal	April	2	50

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	White	Single	4/13/10	39 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef	Hotel	France	France

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Marchal	Speise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
		Henry Mendiondon

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

9298 183

Immediate cause (a) Asphyxia

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Drowning

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Potomac River	(CITY OR TOWN) Washington	(COUNTY)	(STATE) D.C.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR?
11	17	49	12:30 A		Undetermined

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James J. Boyle	M. D.	Forestville, Md.	1/3/50

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	1/7/50	Mt. Olivet Cemetery	Washington, D.C.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/4/19 50	Amanda Downey Mrs. Alton Davis	The S. N. Hines Company	2901-14th St. N.W.

VS. A15A

72087

RECEIVED
JAN 16 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00732

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 12 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D.C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 2014- L. Street, N.W. ✓

3. NAME OF DECEASED (Type or Print): (First) JAMES (Middle) (Last) MARION

4. DATE OF DEATH: (Month) Jan. (Day) 9th (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: Feb. 6, 1906

9. AGE last birthday: 43 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tractor operator

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Greenville, So. Carolina

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Marion

14. MOTHER'S MAIDEN NAME: Lula Jones

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If year, give war or dates of service):

16. SOCIAL SECURITY NO.: lost card

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Pulmonary Tuberculosis — 6 mos

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 002X 13b

(c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Delirium Tremens — 11 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12/28, 1949, to 1/9, 1950, that I last saw the deceased alive on 1/9, 1950, and that death occurred at 9:10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Lee Finucane M.D. Glenn Dale Sanatorium, Glenn Dale, Maryland 1/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): DATE 1-10-50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 1/10/50 REGISTRAR'S SIGNATURE Roe Wells

24. FUNERAL DIRECTOR: Ambrose B Boyd ADDRESS 1238. 20th St NW

420-94

VS. A15

RECEIVED
JAN 16 1950
BUREAU U. S.

00733

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE District of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Clinton — LENGTH OF STAY (in this place) Tran	CITY (If outside corporate limits, write RURAL and give nearest town) TOWN Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route # 5	STREET ADDRESS 2704 33rd S.E. (If rural, give location)

3. NAME OF DECEASED (Type or Print)	(First) Stewart	(Middle) Ellyson	(Last) Marlow	4. DATE OF DEATH	(Month) 1	(Day) 24	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single	8. DATE OF BIRTH 2/28/19	9. AGE last birthday 30 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unemployed	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) District of Columbia	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Elmer S. Marlow	14. MOTHER'S MAIDEN NAME Mary Louise Allen						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 11	16. SOCIAL SECURITY NO.	17. INFORMANT Joseph W. Allen					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

823.5

Immediate cause (a) Hemorrhage and shock

170 C

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Fracture of the base of the skull

(c) Fracture of the pelvis, crushed chest and abdomen

Multiple fractures of the right leg.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Route # 5	(CITY OR TOWN) Clinton	(COUNTY) P. G.	(STATE) Md.
TIME OF INJURY (Month) 1 (Day) 23 (Year) /50 (Hour) 11:30P	INJURY OCCURRED While at work ☐ Not while at work ☒	HOW DID INJURY OCCUR? Occupant of a car that ran off road		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M. D.	Forestville, Md.	1/24/50

23. BURIAL, CREMATION REMOVAL (Specify) Removal	DATE THEREOF 1-24-50	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State) Washington DC
DATE REC'D BY LOCAL REG. Jan 24 1950	REGISTRAR'S SIGNATURE [signature]	24. FUNERAL DIRECTOR W. W. Chambers Co	ADDRESS 517-11th St

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

CEIVED
JAN 25 1950
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

00734

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville | LENGTH OF STAY (in this place) 30 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington — COUNTY DC
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN DC
STREET ADDRESS (If rural, give location) 646 Alabama Ave. SE. ✓

3. NAME OF DECEASED (Type or Print): (First) John (Middle) A. (Last) McGee
4. DATE OF DEATH: (Month) 1 (Day) 23 (Year) 1950

5. SEX: M
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8/26/79
9. AGE last birthday: 70 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): AIRPORT Employee
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): PA.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry McGee
14. MOTHER'S MAIDEN NAME: Agnes Rose

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT: Wife (Elizabeth McGee)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Hypertensive Cardiovascular Disease — Unknown
260X
Antecedent cause(s)
61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — Unknown
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1950, to Jan 23, 1950, that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 1:30 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED

Bernard A. Fitzgerald, M.D. — 802 Malcolm Dr. Silver Spg. Md. — 1/23/50

23. BURIAL, CREMATION, REMOVAL (Specify): Burial | DATE 1-26-50 | NAME OF CEMETERY OR CREMATORY: Cedar Hill | LOCATION (City, town or county): Suitland | (State) Md

DATE REC'D BY LOCAL REG. 1-23-50 | REGISTRAR'S SIGNATURE: Amanda Downey | 24. FUNERAL DIRECTOR: W W Chambers Co | ADDRESS: 517-11th St. SE

1-24-50 James Berry

496 45

VS. A15

Mr Young

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00735

CERTIFICATE OF DEATH

Reg. Dist. No. 243

1. PLACE OF DEATH COUNTY: Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: D. C. COUNTY: –
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale, (Rural) LENGTH OF STAY (in this place): 5 mo., 15 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium	STREET ADDRESS (If rural, give location): 1534 14th St., N. W. ✓

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) E (Last) MILLER

4. DATE OF DEATH: (Month) 1 (Day) 30 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	If under 1 year Days	If under 24 hrs. Hours	If under 24 hrs. Min.
Male	Negro	Married	8/15/1910	39 yrs.	5	15	–	–

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Paper hanger	–	Buckingham, Va.	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Charles H. Miller	Mary Anna Agee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	–	578-22-9290	Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
002 X Immediate cause	(a)	10 mos
Antecedent cause(s) 13 b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Pulmonary Tuberculosis	10 mos
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 8/15, 1949, to 1/30, 1950, that I last saw the deceased alive on 1/30, 1950, and that death occurred at 7 25 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Daniel Leo Finucane	M. D.	Glenn Dale Sanatorium Glenn Dale, Maryland	1/30/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/2 1/30/50	Woodlawn Cem.	Washington. D.C.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/31/50	Mae Weiss	Malvern & Schey Inc.	424 R St N.W.

49611

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
FEB 6 1950
BUREAU

00736

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (In this place) D.O.A.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland - COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Scaggsville
STREET ADDRESS (If rural give location) Rt #1 Laurel

3. NAME OF DECEASED (Type or Print) (First) Samuel (Middle) Alvan (Last) Mellott
4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1950

5. SEX M
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 11-30-31
9. AGE last birthday 18 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenters Helper
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hancock, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Maple Clyde Mellott
14. MOTHER'S MAIDEN NAME Martha Fern Spiesel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY No. 217-28-8559
17. INFORMANT Maple Clyde Mellott - Father -

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

816.5 Immediate cause (a) Hemorrhage + shock

170 C Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Laceration of vena cava, liver & rt kidney

(c) Automobile collision

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Street
(CITY OR TOWN) (COUNTY) (STATE) Near Laurel - Pr. Georges, Md
TIME OF INJURY (Month) (Day) (Year) (Hour) 1-1-50 1.15 A m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? Collision of two automobiles

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney, M.D. Dep. Med. Exam - Cheverly - Hyattsville, Md 1-1-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/4/50
NAME OF CEMETERY OR CREMATORY Emmanuel Cemetery
LOCATION (City, town, or county) (State) Scaggsville, Maryland

DATE REC'D BY LOCAL REG. Jan 4-50
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR ADDRESS DeWitt Donaldson, Laurel Md.

30849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 9 1950
BUREAU V. S.

00737

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN MT RAINIER — LENGTH OF STAY (in this place) 6 YEARS
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4307 EASTERN AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE OKLAHOMA — COUNTY TULSA
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN TULSA
STREET ADDRESS (If rural give location) 916 S. LAWTON ST

3. NAME OF DECEASED (Type or Print): (First) WOODSON (Middle) EASLEY (Last) NORVELL
4. DATE OF DEATH: (Month) JAN (Day) 1 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): WIDOWED
8. DATE OF BIRTH: AUG 9 1880
9. AGE last birthday: 69 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ATTORNEY
10b. KIND OF BUSINESS OR INDUSTRY: GEN. LAW
11. BIRTHPLACE (State or foreign country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: GEORGE H. NORVELL
14. MOTHER'S MAIDEN NAME: LUCY FREEMONT EDGAR
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: JOHN OGAN (Bro in Law)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) CORONARY THROMBOSIS — 14 HRS.

420.1 93d

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b) HYPERTENSIVE - ARTERIOSCLEROTIC — 3 YRS.
(c) HEART DISEASE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JAN 10, 1947, to JAN 1, 1950, that I last saw the deceased alive on JAN 1, 1950, and that death occurred at 12:35 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Samuel J N Sugar MD — ADDRESS 4300 KAYWOOD DRIVE MT. RAINIER MD. — DATE SIGNED JAN. 1, 1950

23. BURIAL / CREMATION / REMOVAL (Specify) | DATE 1-2-50 | NAME OF CEMETERY OR CREMATORY Rosehill Cem. | LOCATION (City, town, or county) (State) TULSA, OKLAHOMA.

DATE REC'D BY LOCAL REG. Jan 1, 1950 | REGISTRAR'S SIGNATURE James Berry | 24. FUNERAL DIRECTOR Jas. Saunders Sons | ADDRESS 1756 Fla. Ave. N.E. WASH. D.C.

25693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 2 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00738

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15-1

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place): 29 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location): 6311 Kellum Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) HANNAH (Middle) (Last) Lakenham

4. DATE OF DEATH: (Month) Jan (Day) 24 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: March 21 1872

9. AGE last birthday: 78 yrs. If under 1 year: Months / Days / If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): N. Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: unknown

14. MOTHER'S MAIDEN NAME: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Hospt Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Uremia	14 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Chronic Glomerular Nephritis	6 mos.
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture, Simple, Left Hip — 14 days.

593.2X 936.9 186a

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 21, 1950, to Jan 24, 1950, that I last saw the deceased alive on Jan 24, 1950, and that death occurred at 1:20 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Samuel J. Sugar	MD	Mt Rainier Md	Jan 24, 1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1-27	Green Wood Cem.	Brooklyn Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/50	Amanda Downey	J. William Lee's Sons Co.	300 - 4th St NE Wash. D.C.

RECEIVED
JAN 27 1950
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

00739

1. PLACE OF DEATH

County Prince George's — Registration Dist. No. 142

Village or City Capitol Heights — No. 209 61st ave. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 37 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME Charles W. Parker — If U. S. Veteran, specify WAR

(a) Residence: No. 209 61st ave. St., Ward.

(Usual place of abode) — If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	WHITE	Married

5a. If married, widowed, or divorced — HUSBAND of (or) WIFE of: Agnes C. Parker.

6. DATE OF BIRTH (month, day, and year): March 7, 1883

7. AGE — Years	Months	Days	If LESS than 1 day, hrs. or min.
66	10	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Plumbing inspector

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Health Dept, Prince Geo Co

10. Date deceased last worked at this occupation (month and year): Jan 27, 1950

11. Total time (years) spent in this occupation: 9 years

12. BIRTHPLACE (city or town) (State or country): Washington, D.C.

FATHER

13. NAME: Thomas Parker

14. BIRTHPLACE (city or town) (State or country): Washington DC

MOTHER

15. MAIDEN NAME: Mary Catherine Hopkins

16. BIRTHPLACE (city or town) (State or country): Washington D.C.

17. INFORMANT: Mrs. agnes C. Parker

(Address) 209 61st ave Cap. Hts.

18. BURIAL, ~~CREMATION, OR REMOVAL~~: Prospect Hill

Place Wash DC Date 1-31, 1950

19. UNDERTAKER: Mattingly Funeral Home

(Address) 731-11th St S.E. Wash DC

20. FILED Jan 28, 1950 Carrie F. Campbell

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH January (Month) 28 (Day) 1950 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1950, to Jan 28, 1950

I last saw him alive on Jan 28, 1950; death is said to have occurred on the date stated above, at 1.55 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance are as follows:

	Date of onset
Cerebral accident (hemorrhage)	1/27/50
Other Contributory Causes of Importance: Hypertension	3
331X	
85a	

Name of operation: none — Date of: —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) L. M. Lurent M. D.

(Address) 1120 North Capitol, Wash DC

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

31698

V. S. No. 1

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

RECEIVED
JAN 30 1950
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00740

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly, Md. — LENGTH OF STAY (in this place): 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince Geo. Gen. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Wash. — COUNTY: D C
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: S.E.
STREET ADDRESS (If rural, give location): 5805 Branch Ave. S.E. D.C.

3. NAME OF DECEASED (Type or Print): (First) Margaret (Middle) C. (Last) Payne

4. DATE OF DEATH: (Month) Jan. (Day) 2 (Year) 1950

5. SEX: F — 6. COLOR OR RACE: W — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): married

8. DATE OF BIRTH: June 2, 1903 — 9. AGE last birthday: 47 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Wife — 10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Clay Porter

14. MOTHER'S MAIDEN NAME: Matilda Manns

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT AND ADDRESS: Mrs W. M. Porter - 1018 Louisiana Ave, Hyattsville Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

592 X — **Immediate cause** (a) Uremia, Hypertensive Heart Disease

131 b — **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chronic Glomerulonephritis.

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 4, 1949, to Jan 2, 1950, that I last saw the deceased alive on Jan 2, 1950, and that death occurred at 1 p m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

William Brannin MD — Capitol Heights Md — 1/2/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 4 Jan 1950 — NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery — LOCATION (City, town, or county) (State): Bladensburg Maryland

DATE REC'D BY LOCAL REG: 1/4/50 — REGISTRAR'S SIGNATURE: Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS

J. Leach's Sons — Hyattsville Md.

RECEIVED
JAN 6 1950
BUREAU V. S.

00741

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 232

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY P. G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood — LENGTH OF STAY (in this place) 11 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Melwood
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print)	(First) Elizabeth	(Middle) Virginia	(Last) Proctor	4. DATE OF DEATH	(Month) 1	(Day) 22	(Year) 1950
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed	8. DATE OF BIRTH Dec 30, 1898	9. AGE last birthday 51 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Maryland	12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13. FATHER'S NAME Edward Proctor	14. MOTHER'S MAIDEN NAME Mary Elizabeth Proctor						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT John W. Proctor					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Congestive heart failure

Antecedent cause(s)

131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1948, to 1/22/50 19....., that I last saw the deceased alive on 1/21/50, 19....., and that death occurred at 4:30P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James I. Boyd	M. D.	Forestville, Md.	1/22/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1-25-50	Mt. Carmel	Upper Marlboro, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
Jan 24 1950	R Crus Smith	Ritchie Bros.	Upper Marlboro Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 26 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00742

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 232

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH
COUNTY: Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Melwood
LENGTH OF STAY (In this place): Years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: In a barn

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Melwood
STREET ADDRESS (If rural, give location): Wooyard Road

3. NAME OF DECEASED (Type or Print): (First) John Alexander (Middle) (Last) Proctor

4. DATE OF DEATH: (Month) 1 (Day) 6 (Year) 19 50

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 4/5/98

9. AGE last birthday: 51 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Albert Proctor

14. MOTHER'S MAIDEN NAME: Elizabeth K. Swann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT: John Proctor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a): Acute congestive heart failure

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b): Cardiovascular renal disease

(c):

442 X
131 a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY:

(CITY OR TOWN) (COUNTY) (STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: Amos J. Boyd — (Degree or title): M. D. — ADDRESS: Forestville, Md. — DATE SIGNED: 1/7/50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/10/50 — NAME OF CEMETERY OR CREMATORY: Mt. Carmel — LOCATION (City, town, or county) (State): Upper Marlboro, Md.

DATE REC'D BY LOCAL REG.: Jan 9 1950 — REGISTRAR'S SIGNATURE: R. Earl Smith — 24. FUNERAL DIRECTOR: Ritchie Bros. — ADDRESS: Upper Marlboro, Md.

VS. A15A

000VV

RECEIVED
JAN 11 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00743

CERTIFICATE OF DEATH

245

Reg. Dist. No.....

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH
COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
LENGTH OF STAY (in this place) 5 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 4774 Woodberry Road

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Maryland — COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale
STREET ADDRESS (If rural, give location) 4774 Woodberry Road

3. NAME OF DECEASED (Type or Print): (First) Luther (Middle) Alexander (Last) Rice

4. DATE OF DEATH: (Month) Jan. (Day) 18th, (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7/4/1884

9. AGE last birthday: 65 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Rice

14. MOTHER'S MAIDEN NAME: Mary Ann Shelby

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): None

16. SOCIAL SECURITY NO.: 218-01-0081

17. INFORMANT: Kate Rice (Wife)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Coronary Thrombosis — Interval Between Onset and Death: Sudden

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Dis — 6 Mo

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec, 1946, to Jan 17, 1950, that I last saw the deceased alive on Jan 13, 1950, and that death occurred at 10 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

L W Mallett MD Riverdale Md Jan 18, 1950

23. BURIAL, CREMATION, REMOVAL (Specify): Burial
DATE: 1/21/1950
NAME OF CEMETERY OR CREMATORY: Fort Lincoln Cemetery
LOCATION (City, town, or county) (State): Colmar Manor, PR.GEO.MD.

DATE REC'D BY LOCAL REG. Jan 18 1950
REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy)

24. FUNERAL DIRECTOR: W.W.Chambers Company
ADDRESS: Riverdale, Md.

308 V9

RECEIVED
JAN 20 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00744

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Prince George's — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Forestville, Maryland
LENGTH OF STAY (in this place) 2 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George County

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Maryland
STREET ADDRESS (If rural, give location) 3811 Quincy Street

3. NAME OF DECEASED (Type or Print): (First) Elmer (Middle) C. (Last) Ridgeway
4. DATE OF DEATH: (Month) 1 (Day) 27 (Year) 1950
5. SEX: M
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH: Dec. 26, 1896
9. AGE last birthday: 53 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (State or foreign country): Wash. D.C.
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: Isaac Ridgeway
14. MOTHER'S MAIDEN NAME: Elizabeth Utterback
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.: 577-05-0849
17. INFORMANT AND ADDRESS: Louise Wood.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchogenic Carcinoma, left lung, lower lobe with metastases to adrenals.

162 Antecedent cause(s)

47C Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Early Portal Cirrhosis.

(c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Aug. 25, 1949, to Jan. 27, 1950, that I last saw the deceased alive on Jan. 27, 1950, and that death occurred at 4:47 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Charles C. Hageage M.D. Mt. Rainier, Md. Jan. 28, 1950

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE 1-30-50 — NAME OF CEMETERY OR CREMATORY Cedar Hill — LOCATION (City, town, or county) (State) Suitland Md.

DATE REC'D BY LOCAL REG. 1-28-50 — REGISTRAR'S SIGNATURE Amanda Downey

24. FUNERAL DIRECTOR — ADDRESS W.W. Chambers Co. Riverdale Md.

35699

RECEIVED
JAN 31 1950
BUREAU V. S.

00745

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY PRINCE GEORGES MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LAUREL — LENGTH OF STAY (in this place) 6 years	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium	STREET ADDRESS (If rural, give location) Laurel Sanitarium

3. NAME OF DECEASED (Type or Print) (First) WILLIAM (Middle) FRANCIS (Last) RIFE

4. DATE OF DEATH (Month) January (Day) 17 (Year) 1950

5. SEX	6. COLOR OR RACE	7. ~~SINGLE~~, ~~MARRIED~~, ~~WIDOWED~~, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
MALE	WHITE		7-14-1883	66 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance	Bell Telephone	Baltimore, Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
George Wm Rife	Fannie Stevenson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT
no		none	Mr. George W. Rife, brother-114 Taplow Rd.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Chronic Myocarditis-Chronic Endocarditis	Several years
Antecedent cause(s)	(b) Arterio Sclerosis	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Primary Lateral Sclerosis	26 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Pre-senile dementia	6 years

450.0

82

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 5-16-, 1949, to 1-17, 1950, that I last saw the deceased alive on 1-17, 1950, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Sands, M.D.		Laurel Sanitarium, Laurel, Md.	1-17-1950

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	1.20.50	Loudon Park Cem.	Balto., Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/19/50	[signature]	WM. J. TICKNER & SONS	Balto., Md.

DM

V22.55

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00746

CERTIFICATE OF DEATH

Reg. Dist. No. 231

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Cheverly
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Prince George's Gen'l

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Prince George — COUNTY: Md.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Ritchie Maryland
STREET ADDRESS (If rural, give location): 6701 Ritchie Rd. S.E.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wallace	A	Ritchie	JAN	12	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	white	married	Sept 15, 1873	76 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Govt Clerk	Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
J. Suit Ritchie	Georgiana Sweeney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No		Dr. W.S. Ritchie, 7005 Ritchie Rd S.E. Wash 19 D.C.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Congestive Heart Failure	48
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Uremia	2 Weeks
	(c) Stricture of urethra with urinary retention	30 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/8/50	Introduction of catheter for decompression of bladder	Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from Jan 1, 1950, to Jan 12, 1950, that I last saw the deceased alive on Jan 12, 1950, and that death occurred at 2 05 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W. Suit Ritchie	M.D.	7005 Ritchie Rd S.E. Wash 19 D.C.	

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	Jan 15 '50	Elkridge Chur. cem.	Forestville, Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/13/50	Amanda Dodrey	Ritchie Bros. Funeral Home	Upper Marlboro, Md. 26697

RECEIVED
JAN 16 1950
BUREAU T. S.

00747

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
LENGTH OF STAY (in this place) 2 Yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Seat Pleasant
STREET ADDRESS (If rural, give location) 500 - 68th Place.

3. NAME OF DECEASED (Type or Print) (First) BESSIE (Middle) LOUISE (Last) ROBERSON
4. DATE OF DEATH (Month) Jan. (Day) 20, (Year) 1950

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH Oct. 15 1878
9. AGE last birthday 70 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Montrose, Pa
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Leroy Tyrrell
14. MOTHER'S MAIDEN NAME Brewster

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Edward F. Roberson

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Congestive Heart Failure	15 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary arteriosclerotic	
	(c) Heart Disease	1 Year

420.1
63b

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperthyroidism — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 4, 1950, to Jan 20, 1950, that I last saw the deceased alive on Jan 20, 1950, and that death occurred at 4:30 P.m., from the causes and on the date stated above.

SIGNATURE Samuel J. Sugar (Degree or title) MD. ADDRESS 4300 Kaywood Drive Mt Rainier Md DATE SIGNED 20 Jan 50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Jan 23, 1950
NAME OF CEMETERY OR CREMATORY Addison Chapel
LOCATION (City, town, or county) Seat Pleasant (State) Md.

DATE REC'D BY LOCAL REG. Jan. 21-50
REGISTRAR'S SIGNATURE Carrie F. Campbell.
24. FUNERAL DIRECTOR J. William Lee's Sons Co. ADDRESS 300-4th St. N.E. Wash. D.C.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 21 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00748

CERTIFICATE OF DEATH

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Prince Georges; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural); LENGTH OF STAY (in this place) 9 months and 29 days.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE D. C.; COUNTY -
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 607 6th St., S. W.

3. NAME OF DECEASED (Type or Print): (First) ZERAH (Middle) N. (Last) ROBERTS
4. DATE OF DEATH: (Month) JAN. (Day) 23 (Year) 1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	W		3-5-1881	68 yrs.	10	18	-	-

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	-	Leicester, Vermont	U.S.A.

13. FATHER'S NAME: Harrison H. Roberts
14. MOTHER'S MAIDEN NAME: Sabrina L. Rolliter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	No	578-24-7325	Decedent

177

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Carcinoma of Prostate with generalized metastosis	15 months
Antecedent cause(s)	(b)	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Pulmonary Tuberculosis	2 years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from March 25, 1949, to Jan 23, 1950 that I last saw the deceased alive on Jan 22, 1950, and that death occurred at 3.15 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Daniel Leo Finucane M. D. Glenn Dale Sanatorium, Glenn Dale, Maryland 1/23/50

23. BURIAL, ~~CREMATION~~ REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
	1/28/50		Brandon Vermont

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
1/24/50	Mol Weiss	Deal Funeral Home	4812 - 7th Ave. N.W.

VS-A15

RECEIVED
FEB 1 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

00749

Reg. Dist. No. 243

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Glenn Dale (Rural)
LENGTH OF STAY (In this place) 10 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE Dist. of Columbia COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Washington
STREET ADDRESS (If rural, give location) 411- 3'd St., S.W. ✓

3. NAME OF DECEASED (Type or Print): (First) THOMAS (Middle) JAMES (Last) ROBINSON

4. DATE OF DEATH: (Month) 1 (Day) 9 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: April 7, 1902

9. AGE last birthday: 47 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Charlottesville, Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edward Robinson

14. MOTHER'S MAIDEN NAME: Alberta Gerden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: lost card

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Pulmonary Tuberculosis — Interval Between Onset and Death: 1 Mo

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Pulmonary Tuberculosis — 1 month

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☑ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-30, 1949, to 1-9, 1950, that I last saw the deceased alive on 1-8, 1950, and that death occurred at 205 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Daniel Lee Finucane M.D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 1/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal DATE: 1/9/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 1/9/50 REGISTRAR'S SIGNATURE: Rose Weiss

24. FUNERAL DIRECTOR: Morris A. Cafritz ADDRESS: 600-25th St. NW

98844

RECEIVED
JAN 16 1950
BUREAU OF S.

GLENN DALE SANATORIUM, GLENN DALE,
MARYLAND

January 9, 1950

Note Re: family name Robinson
(Patient Thomas James Robi[illegible]n)

Brother and sister of deceased claim correct spelling of family name to be Robertson and not Robinson. Deceased, however, signed his name on admission, while in sound mind, as Robinson, and during life made no statement to the contrary or effort to change his name.

Moe Weiss

Moe Weiss, M. D.
Principal Medical Officer
Deputy Local Registrar

RECEIVED
JAN 16 1950
BUREAU P. E.

00750

Evidence for change of age shown on:

FILM No. G 124 JAN 30 1950

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 242

1. PLACE OF DEATH:

County Princ Georges

City or town 813 - 57th Ave Capitol Heights Md

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs.

Hospital, institution, or street address where death occurred: 813 - 57th Ave Capitol Heights Md

How long in hospital or institution? —

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town 813 - 57th Ave Capitol Heights Md

(If outside city or town limits, write RURAL and give nearest town)

Street No. 813 - 57th Ave

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (a) FULL NAME Fred J. Schweitzer.

3. (b) Social Security Number

4. Sex: Male

5. Color or race: white

6.(a) Single, married, widowed, or divorced: married

6.(b) Name of husband or wife: Hellen Miller Schweitzer

6.(c) If alive, give age 48 years

7. Birth date of deceased (mo., day, yr.): Oct 16 1901

8. AGE: Years 48 ~~49~~ | Months | Days | If less than one day ... hrs. ... min.

9. Birthplace: Greenock, Pa. (Town, county, and state)

10. Usual occupation: Machinist

11. Industry or business: Navy Yard.

FATHER 12. Name: Fredrick Schweitzer

13. Birthplace: Germany

MOTHER 14. Maiden name: Catherine Harning

15. Birthplace: Germany

16. Informant: Helen M. Schweitzer (wife)

Address: 813 - 57th Ave, Capitol Heights Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Jan. 26 1950 (month) (day) (year)

Cemetery or crematory: Cedar Hill

Location: Suitland, Md.

18. Funeral director: J. William Lee Sons Co.

Address: 300 - 4th St. N. E. Washington DC

19. Jan. 23 1950 (Date rec'd by registrar) Carrie F. Campbell. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Jan 23 1950, at 7 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 23 1949, to Jan 23 1950 and that I last saw him alive on Jan 18 1950

Immediate cause of death: Multiple thrombosis probably coronary thrombosis

Due to: Post operative thrombosis left leg - calf area.

Due to: Post operative. First noted Jan 13 1950.

Other conditions: Chronic Pancreatitis and adhesions to omentum

(Include pregnancy within 3 months of death)

DURATION: Sudden; unknown

587.1 128

Major findings of operations: Chronic Pancreatitis and adhesions. Date of op. Jan 3rd 1950

Autopsy results: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Natural Causes Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Paul C. Van Natta M. D. or other

Address: 5440 Silver Hill Rd SE Washington 19 DC Date signed Jan 23 1950

326497

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

I

RECEIVED
JAN 25 1950
BUREAU V. S.

00751

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Riverdale Md.
LENGTH OF STAY (in this place) 2 day 7 hrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Washington, D.C. COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Clifton Terrace Apt.#401 ✓

3. NAME OF DECEASED (Type or Print) (First) Lily (Middle) V. (Last) Smith
4. DATE OF DEATH (Month) 1 (Day) 7 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married
8. DATE OF BIRTH 10/5/1873
9. AGE last birthday 76 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Larson
14. MOTHER'S MAIDEN NAME Emma Larson
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT Mr. LeRoy Smith (Son) 14th & Clifton St. N.W.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrhage — 2 days

331X

Antecedent cause(s)

61

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertension — several years

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — several years

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1942, to Jany 7, 1950, that I last saw the deceased alive on Jany 7, 1950, and that death occurred at 6:30 A.M. m., from the causes and on the date stated above.

SIGNATURE John N. Andrews (Degree or title) M.D. ADDRESS 9601 Colesville Rd Silver Spring Md DATE SIGNED 1-7-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE Jan 10 1950
NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem.
LOCATION (City, town, or county) Colmar Manor (State) Md.

DATE REC'D BY LOCAL REG. Jan 7 1950
REGISTRAR'S SIGNATURE James Severy
24. FUNERAL DIRECTOR G. H. Hines Co. ADDRESS 2901 14th St.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

260

RECEIVED
JAN 10 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH 00752

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 243

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Glenn Dale (Rural)
LENGTH OF STAY (in this place): 6 mo., 16days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Glenn Dale Sanatorium

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 325 Va. Ave., S. W. ✓

3. NAME OF DECEASED (Type or Print): (First) MARY. (Middle) M. (Last) SNOW.

4. DATE OF DEATH: (Month) 1 (Day) 17 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Separated

8. DATE OF BIRTH: 1/24/1913

9. AGE last birthday: 36 yrs. — If under 1 year: Months. — Days — If under 24 hrs.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Char-Woman

10b. KIND OF BUSINESS OR INDUSTRY: Red Cross, 18 & D.NW

11. BIRTHPLACE (State or foreign country): Washington, D. C.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Kelson

14. MOTHER'S MAIDEN NAME: Fannie Henry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If year, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT AND ADDRESS: Decedent

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

002X **Immediate cause** (a) Pulmonary Tuberculosis — Interval between onset and death: 9 mos

Antecedent cause(s)

130 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7/1, 19 49, to 1/17, 19 50, that I last saw the deceased alive on 1/17, 19 50, and that death occurred at 10 30 p.m., from the causes and on the date stated above.

SIGNATURE: Daniel Leo Finucane (Degree or title): M. D. ADDRESS: Glenn Dale Sanatorium, Glenn Dale, Maryland DATE SIGNED: 1/17/50

23. BURIAL, CREMATION, REMOVAL (Specify) ✓ DATE 1/18/50 NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State): Washington D C

DATE REC'D BY LOCAL REG. 1/18/50 REGISTRAR'S SIGNATURE: Mae Weiss

24. FUNERAL DIRECTOR: Barnes & Matthews ADDRESS: 614-4½ St. S.E.

740 94

RECEIVED
JAN 25 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00753

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Laurel Sanitarium

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 3916 Tyson Falls Parkway

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ETHEL	JOYCE	SPEED	January	31	1950

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE Last Birthday	If under 1 year: Months.	Days	If under 24 hrs.: Hours	Min.
Female	White		1-23-1872	78 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Mac Nair	Annette Monity

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
No.			Son- William G. Speed Jr.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Chronic Myocarditis	3-4 years
422.1 Antecedent cause(s)	(b) Chronic Endocarditis	"
922 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerotic Brain Disease	3-4 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from 5-16-, 1949, to 1-31-, 1950, that I last saw the deceased alive on 1-31-, 1950, and that death occurred at 1 P. m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
James P. Sands	M.D.	Laurel Sanitarium, Laurel, Md.	1-31-1950

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	2/2/50	Woodlawn Cem.	Woodlawn, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
2/1/50	H.W. Hodgich	WM. J. TICKNER & SONS	Balto., Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00754

CERTIFICATE OF DEATH

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH — COUNTY: Prince George — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Riverdale — LENGTH OF STAY (in this place): 4 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Leland Memorial Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: D. C. — COUNTY: —
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Washington
STREET ADDRESS (If rural, give location): 420 W Whittier St. N. W.

3. NAME OF DECEASED (Type or Print): (First) ABBIE (Middle) — (Last) SPRAY
4. DATE OF DEATH: (Month) JAN. (Day) 9 (Year) 1950
5. SEX: female
6. COLOR OR RACE: white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: MAY 4, 1858
9. AGE last birthday: 91 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HSWF.
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): North Carolina
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Jessie Coltrane
14. MOTHER'S MAIDEN NAME: Abigail Starbuck
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
16. SOCIAL SECURITY No.: None
17. INFORMANT AND ADDRESS: Hosp. Record

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral thrombosis. Cerebral arteriosclerosis. — day

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary thrombosis, Cirrhosis fibrosis liver

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

420.0
932

19a. DATE OF OPERATION: 0 — 19b. MAJOR FINDINGS OF OPERATION: 0 — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): 0 — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: 0 — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-6-49, 19..., to 1/9/, 1950, that I last saw the deceased alive on 1/9/, 1950, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. H. Wolohan, M.D. — ADDRESS 500 Underwood D.C. NW — DATE SIGNED 1/9/50

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE: Jan 11" 1950 — NAME OF CEMETERY OR CREMATORY: unknown — LOCATION (City, town, or county) (State): Lawrence Kansas

DATE REC'D BY LOCAL REG.: Jan. 9" 1950 — REGISTRAR'S SIGNATURE: Mrs. Jas. Severe (Deputy) — 24. FUNERAL DIRECTOR — ADDRESS: The J. Whitmer Co. 2901-14th St N.W.

VS. A15

Jessie Colbrand

RECEIVED
JAN 12 1950
BUREAU V. S.

EVIDENCE FOR CHANGE OF MOTHERS MAIDEN NAME SHOWN ON FILM G124 3/17/50 dm. MARRIAGE RECORD.

M

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00755

CERTIFICATE OF DEATH

Reg. Dist. No. 245

1. PLACE OF DEATH — COUNTY: Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park — LENGTH OF STAY (in this place): 19 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Prince Georges Co
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: University Park Md
STREET ADDRESS (If rural, give location): 4405 Sheridan St.

3. NAME OF DECEASED (Type or Print): (First) Frank (Middle) MARCEL (Last) Stephen
4. DATE OF DEATH: (Month) Jan (Day) 20, (Year) 1950
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 8/12/1886
9. AGE last birthday: 63 yrs. — If under 1 year: Months, Days — If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer
10b. KIND OF BUSINESS OR INDUSTRY: Own business
11. BIRTHPLACE (State or foreign country): E. Riverdale, Md
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Benjamin H. Stephen
14. MOTHER'S MAIDEN NAME: CHARLOTTE MARIE SUES
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Hazel V. Stephen — University Park Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion — 10 min.

420.1

Antecedent cause(s)

94a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Heart Disease with Infarction 1-20-44 — 6 years

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-20, 1944, to 1-20, 1950, that I last saw the deceased alive on 1-18, 1950, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

SIGNATURE: [signature] — (Degree or title): M.D. — ADDRESS: Mt. Rainier Md — DATE SIGNED: 1-21-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 1/23/50 — NAME OF CEMETERY OR CREMATORY: Stephen Family Cemetery — LOCATION (City, town, or county): E. Riverdale Md (State)

DATE REC'D BY LOCAL REG.: Jan 22, 1950 — REGISTRAR'S SIGNATURE: James Sevey — 24. FUNERAL DIRECTOR: F. Gasch's Sons Hyattsville Md. — ADDRESS:

25693

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
JAN 24 1950
BUREAU T. C.

00756

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH · COUNTY Prince Georges MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE Md. COUNTY Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt. Rainier — LENGTH OF STAY (in this place) 15 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Mt Rainier
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3718 - 35th Street	STREET ADDRESS (If rural, give location) 3718 - 35th Street

3. NAME OF DECEASED (Type or Print)	(First) LENA	(Middle) SARAH	(Last) STEPHENS	4. DATE OF DEATH	(Month) Jan	(Day) 9	(Year) 1950
5. SEX female	6. COLOR OR RACE white	7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify) widowed	8. DATE OF BIRTH 2/4/1866	9. AGE last birthday 83 yrs.	If under 1 year Months.	Days	If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boston, Mass	12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME Mr J. K. Marston	14. MOTHER'S MAIDEN NAME Annie Wilson						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS Mrs. Ernest P. Janvier - dau.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

260X Immediate cause (a) Generalized Arteriosclerosis (Senile) — 2 years

Antecedent cause(s)

61 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Diabetes Mellitus — 20+ years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10-31, 1949, to 1-9, 1950, that I last saw the deceased alive on 1-5, 1950, and that death occurred at 12:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
W B Morgan	M.D.	Mt. Rainier Md	1-9-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE Jan 11, 1950	NAME OF CEMETERY OR CREMATORY Ft Lincoln Cemetery	LOCATION (City, town, or county) Colmar Manor Md (State)
DATE REC'D BY LOCAL REG. Jan 10, 1950	REGISTRAR'S SIGNATURE James Severy	24. FUNERAL DIRECTOR L. Gaschadons Hyattsville Md	ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00757

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood Md
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Brentwood
STREET ADDRESS (If rural, give location) 3607 Rhode Island Ave

3. NAME OF DECEASED (Type or Print): (First) PRESTON (Middle) — (Last) STREETT

4. DATE OF DEATH: (Month) Jan (Day) 8. (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: 3/28/1884

9. AGE last birthday: 65 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Navy Yard

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Govt

11. BIRTHPLACE (State or foreign country): Washington D.C.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. —

17. INFORMANT: Miss Myrtle Irene Streett

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Acute Myocardial Infarction	5 days
Antecedent cause(s) Diseases or conditinns, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary Thrombosis	5 days
	(c) Hypertensive arteriosclerotic Heart Disease	1 year

420.0
93d

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 7, 19 50, to Jan 8, 19 50 that I last saw the deceased alive on Jan 8, 19 50, and that death occurred at 7:15 a m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

Samuel J Sugar MD — Mt Rainier, Md — Jan 8, 1950

23. BURIAL, CREMATION / REMOVAL (Specify): Burial — DATE THEREOF: 1/11/50 — NAME OF CEMETERY OR CREMATORY: Arlington Cemetery — LOCATION (City, town, or county): Arlington — (State): Va

DATE REC'D BY LOCAL REG.: Jan 10 1950 — REGISTRAR'S SIGNATURE: James Seray

24. FUNERAL DIRECTOR: F Rasch's Sons — ADDRESS: Hyattsville Md

9897

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

00758

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 3504 Cheverly Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Pr Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural give location) 3504 Cheverly Ave

3. NAME OF DECEASED (Type or Print) (First) Annie (Middle) Winston (Last) Thomas
4. DATE OF DEATH (Month) Jan (Day) 3 (Year) 1950
5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH Jan 11, 1873
9. AGE last birthday 76 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Ernest Thomas
14. MOTHER'S MAIDEN NAME Martin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Walter E. Thomas Son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

442x Immediate cause (a) Acute congestive heart failure

131a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
John T. Maloney M.D. Dep. Med. Exam. Cheverly-Hyattsville, Md. 1-3-50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 1/5/50
NAME OF CEMETERY OR CREMATORY Ft Lincoln
LOCATION (City, town, or county) (State) Colmar Manor Md

DATE REC'D BY LOCAL REG. 1/3/1950
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR S H Hines Co ADDRESS 2901-14 st NW

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JAN 5 1950
BUREAU V. S.

00759

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 239

1. PLACE OF DEATH: COUNTY Prince George's — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel — LENGTH OF STAY (in this place) 6 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS 334 LAUREL AVE

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Geo.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel
STREET ADDRESS (If rural, give location) 334 LAUREL AVE

3. NAME OF DECEASED (Type or Print): (First) CHARLES (Middle) HENRY (Last) TOBIN
4. DATE OF DEATH: (Month) Jan (Day) 8 (Year) 1950

5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): Widower
8. DATE OF BIRTH: 11/30/1871
9. AGE last birthday: 78 yrs. — If under 1 year: Months. Days. If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STONE CUTTER
10b. KIND OF BUSINESS OR INDUSTRY: BUILDING TRADE
11. BIRTHPLACE (State or foreign country): WASHINGTON D.C.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: PATRICK TOBIN
14. MOTHER'S MAIDEN NAME: ELLEN REILLY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: CHARLES J. TOBIN (SON)

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute nephritis — 4 days
491 X
Antecedent cause(s)
107 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Bronchopneumonia — 5 days
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 3, 1950, to Jan 8, 1950, that I last saw the deceased alive on Jan 8, 1950, and that death occurred at 1135 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED
Robert L McCreary M.D. — 407 Main St Laurel Md — 1/8/50

23. BURIAL, CREMATION, REMOVAL (Specify): BURIAL — DATE: 1/11/1950 — NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY — LOCATION (City, town, or county) (State): WASHINGTON, D.C.

DATE REC'D BY LOCAL REG.: JANUARY 8-1950 — REGISTRAR'S SIGNATURE: JOHN D. SMITH M. Brashears
24. FUNERAL DIRECTOR — ADDRESS: W. W. Chambers Co - Wash. D.C.

39679

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

00760

CERTIFICATE OF DEATH

Reg. Dist. No. 745

1. PLACE OF DEATH: COUNTY Prince Georges MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN College Park; LENGTH OF STAY (In this place) 2 Mos; HOSPITAL OR INSTITUTION OR STREET ADDRESS 4608 Amherst Rd

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE WISCONSIN COUNTY; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Sturgeon Bay; STREET ADDRESS (If rural, give location) 403 S 3rd st. ✓

3. NAME OF DECEASED (Type or Print): (First) ALBERT (Middle) Willis (Last) TRESSLER

4. DATE OF DEATH: (Month) JAN (Day) 9 (Year) 19 50

5. SEX: MALE

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 13 Oct 1866

9. AGE last birthday: 83 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banking

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): OHIO

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph C TRESSLER

14. MOTHER'S MAIDEN NAME: Catherine LATTANNER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT: Willis TRESSLER

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.0 Immediate cause (a) Chronic Myocarditis — Interval Between Onset and Death: 1-2 yr

93d Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arteriosclerotic Heart Disease — 10 yr +

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/5, 1950, to ——, 19——, that I last saw the deceased alive on 1/8, 1950, and that death occurred at 2 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. L. Etienne M.D. ADDRESS College Park Md DATE SIGNED 1-9-50

23. BURIAL, CREMATION REMOVAL (Specify) transportation; DATE THEREOF Jan. 9 1950; NAME OF CEMETERY OR CREMATORY Sturgeon Bay; LOCATION (City, town, or county) (State) Wisconsin

DATE REC'D BY LOCAL REG. Jan. 9" 1950; REGISTRAR'S SIGNATURE Mrs. Jas. Severe (Deputy); 24. FUNERAL DIRECTOR ADDRESS J. Gaschs Sons - Hyattsville, Md.

1560

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

00761

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 231

1. PLACE OF DEATH: COUNTY Prince George's MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
LENGTH OF STAY (in this place) 1 hr. 50 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Prince George General Hosp

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Prince George's
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cheverly
STREET ADDRESS (If rural, give location) 2702 Lake Ave.

3. NAME OF DECEASED (Type or Print) Paula (First) Baby Lee (Middle) Girt (Last) Watson

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1950

5. SEX Female
6. COLOR OR RACE W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 3 JAN 50
9. AGE last birthday yrs. If under 1 year Months. Days If under 24 hrs. Hours 1 Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Leo Watson
14. MOTHER'S MAIDEN NAME Thelma Hoffman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY No.
17. INFORMANT AND ADDRESS

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

762.5 Immediate cause (a) Fetal Non Expansion of the Lungs.

Antecedent cause(s)

159 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Prematurity

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1, 1949, to Jan 3, 1950, that I last saw the deceased alive on 1-9, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE A. Dietz W.D. (Degree or title) ADDRESS [illegible] DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) Cremation
DATE Jan 4, 1950
NAME OF CEMETERY OR CREMATORY Prince George's Gen Hosp
LOCATION (City, town, or county) Cheverly Md (State)

DATE REC'D BY LOCAL REG. 1/5/50
REGISTRAR'S SIGNATURE Amanda Downey
24. FUNERAL DIRECTOR Harry W. Penn Jr. ADDRESS Supt

2-0-1-03-0-38-4-24-0

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 9 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

00762

Reg. Dist. No. 242

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Hts
LENGTH OF STAY (In this place) 2 Years
HOSPITAL OR INSTITUTION OR STREET ADDRESS 6404 Lee Place

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Pr. Georges
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cedar Heights
STREET ADDRESS (If rural give location) 6404 Lee Place

3. NAME OF DECEASED (Type or Print): (First) Martha (Middle) Margaret (Last) Whittingham

4. DATE OF DEATH: (Month) Jan (Day) 29 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 14, 1901

9. AGE last birthday: 48 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Prince Georges County

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Burgess

14. MOTHER'S MAIDEN NAME: Georgianna Pinkney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Eva Hodges Sister

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Coronary sclerosis — 420.1

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardiovascular renal disease — 13b

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — 002

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: —

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? —

22. *I certify that I took charge of the remains described above, held an Autopsy ☒, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney, M.D. Dep. Med. Exam. — Cheverly-Hyattsville, Md — 1-29-50

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 1/29/50

NAME OF CEMETERY OR CREMATORY: Washington Funeral Home

LOCATION (City, town, or county) (State): Washington D.C.

DATE REC'D BY LOCAL REG. 1/29/50

REGISTRAR'S SIGNATURE: Amanda Downey / Carrie F. Campbell

24. FUNERAL DIRECTOR — ADDRESS: F. Lasche Sons Hyattsville Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
FEB 2 1950
BUREAU V. S.

00763

240

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 105

1. PLACE OF DEATH COUNTY: PR GEORGE'S MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED STATE: MARYLAND COUNTY: PR. GEORGE'S
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AQUASCO — LENGTH OF STAY (in this place): 69	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: AQUASCO
HOSPITAL OR INSTITUTION OR STREET ADDRESS: AQUASCO, MD	STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): (First) JOHN KELLY (Middle) (Last) WILKINSON

4. DATE OF DEATH: (Month) JAN (Day) 8 (Year) 1950

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: DEC 12, 1880

9. AGE last birthday: 69 yrs. — If under 1 year: Months, Days 25 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER

10b. KIND OF BUSINESS OR INDUSTRY: FARMER

11. BIRTHPLACE (State or foreign country): MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: JAMES WILKINSON

14. MOTHER'S MAIDEN NAME:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): NO

16. SOCIAL SECURITY No.: —

17. INFORMANT: LESLIE WILKINSON, SON

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) CORONARY THROMBOSIS	
Antecedent cause(s)		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) ARTERIOSCLEROSIS &	5 YRS.
	(c) HYPERTENSION	

332X

94a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): — (CITY OR TOWN): AQUASCO (COUNTY): PR. GEORGE'S (STATE): MD

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from JUNE, 1949, to DEC, 1949, that I last saw the deceased alive on DEC, 1949, and that death occurred at 4:50 A.m., from the causes and on the date stated above.

SIGNATURE: Alfred R. Lapin (Degree or title) M.D. — ADDRESS: AQUASCO, MD — DATE SIGNED: Jan 8, 1950

23. BURIAL, CREMATION REMOVAL (Specify): — DATE: 1/10/49 — NAME OF CEMETERY OR CREMATORY: St. Peters — LOCATION (City, town, or county) (State): Waldorf Md

DATE REC'D BY LOCAL REG.: 1-9-50 — REGISTRAR'S SIGNATURE: M. L. Thomas — 24. FUNERAL DIRECTOR: Hunt & Ryon — ADDRESS: Waldorf Md.

Mr. F. H. Billingsley

000VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JAN 12 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

00764

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 245

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Prince Georges — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville — LENGTH OF STAY (In this place) 3 mos
HOSPITAL OR INSTITUTION OR STREET ADDRESS 2300 Drexel Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY P.G.
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hyattsville
STREET ADDRESS (If rural give location) 2300 Drexel Street

3. NAME OF DECEASED (Type or Print): (First) Rosa (Middle) Helen (Last) Witt

4. DATE OF DEATH: (Month) Jan (Day) 12 (Year) 1950

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Aug 23, 1887

9. AGE last birthday: 62 yrs. — If under 1 year: Months — Days — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House-wife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jacob Reimer

14. MOTHER'S MAIDEN NAME: Margaret Hesch

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Henry Witt, Husband.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

			Interval Between Onset and Death
420 1	Immediate cause	(a) Coronary Occlusion	
13 a	Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the under'lying cause last	(b) Cardiovascular renal disease	
		(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) — ADDRESS — DATE SIGNED

John J. Maloney M.D. Dep. Med. Exam. — Cheverly, Hyattsville, Md — 1-13-50

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: 1/14/50 — NAME OF CEMETERY OR CREMATORY: Cedar Hill Cemetery — LOCATION (City, town, or county) (State): Suitland Md.

DATE REC'D BY LOCAL REG.: Jan 14, 1950 — REGISTRAR'S SIGNATURE: James Devers — 24. FUNERAL DIRECTOR — ADDRESS: F. Gasch's Sons Hyattsville Md.

VS. A15A

RECEIVED
JAN 16 1950
BUREAU V. S.